Practice Management System

User's Manual

Version 5.3.5

October 09, 2002

Claimstronic ä Support

Software: If you have questions or difficulties during the installation or operation of the Claimstronic software, contact AnviCare Customer Service.

Toll Free: (877) 268-4676

Custom data conversions and consulting services are available.

Documentation: If you have any comments regarding this User's Manual or find any problems, we will appreciate it if you will let us know. Please fax or mail your comments and the page(s) that contain the error(s) to Customer Service at AnviCare, Inc.

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1. Introduction to Claimstronic PMS

We're glad you selected the Claimstronic™ Practice Management System (PMS) from the AnviCare people. Claimstronic PMS makes it easy to standardize your practice, patient, and insurance data from the point the data is created through its many accesses and updates throughout the patient encounter, billing, and claims processes.

This new release is based on software used by physicians nationwide for nearly a decade. In the new version, we have integrated a powerful Appointment Scheduler to record, maximize and track time spent with your patients, physicians, and facilities. Better data produces better practice management: enhanced patient communications, streamlined billing, a lower claims error rate, and faster payment. The system also uses data collected to calculate useful statistics and produce accurate financial reports.

1.1. Intended Audience

This manual is written for office professionals who are already performing medical practice billing, and are familiar with its terminology, data structures, and procedures. It also assumes the user has experience operating modern Windows-based computer applications using keyboard and mouse devices.

1.2. System Overview

Claimstronic PMS is a complex system for properly managing an extraordinary amount of data pertaining to the administration of patient care from an easy-to-use interface. It consists of the following:

- Multiple databases
- Utilities for maintenance of the databases
- Administrative security.
- Intuitive data entry screens or windows that capture new patient, insurance, and diagnosis/procedure data, and uses that data as input for claims submittals, ledgers, journals, and reports.
- The report generation utility is flexible and easy to use.
- In addition to pre-loading fields with patient information from the database and allowing appointments to be added, located, moved, and deleted, the appointment scheduler can be customized extensively to accommodate the specifics of the daily structure of the practice being supported.

- The system comes with an automatic installation utility, pre-loaded databases with diagnosis codes, procedure codes, and city/state/zip address codes, and for users of the previous MS-DOS version of Claimstronic PMS, a database conversion utility.

1.3. Using this Manual

We recommend you review this manual from beginning to end to become familiar with how the Claimstronic PMS software is used. We have organized the manual according to how the system is used.

- **Introduction to Claimstronic PMS.** Gives you an overview of this user's manual and a brief introduction on Claimstronic PMS.
- **Software Installation.** Describes how to install Claimstronic PMS, create a User Account for login and access.
- **Navigating the Claimstronic PMS Software.** Describes the functions of each menu and buttons found in the Claimstronic PMS main screen. This will guide you in navigating through the software.
- **System Setup and Customization.** Tells you how to customize Claimstronic PMS according to your preferences. It also gives instructions on how to create and load entries into the database tables.
- **Using the Appointment Scheduler.** Gives an overview of the features of the scheduler, followed by a compete discussion of all the ways the scheduler can be customized to suit your office operations. It also contains step-by-step instructions on how to create a new appointment, view or edit an appointment, move an appointment, cut and paste an appointment, delete an appointment, find an open time slot, find a patient's appointment, and print appointment reports.
- **Daily Data Entry Processes.** Discusses how Claimstronic PMS automates the day-to-day business operations of the practice, by entering information about patients, billing, insurance claims, payments and ledger information.
- **End of the Day Processes.** Gives guidelines on how to prepare insurance claims, both in electronic and "paper" forms.
- **Producing System Reports.** Guides you on how to select the parameters for generating and printing patient reports, aging reports, end-of-the-month statistics, ledger reports, statements, and detail procedure reports.

2. Installation of Claimstronic Practice Management System

2.1. Installation Process For Windows NT/2000 Professional

2.1.1 System Requirements

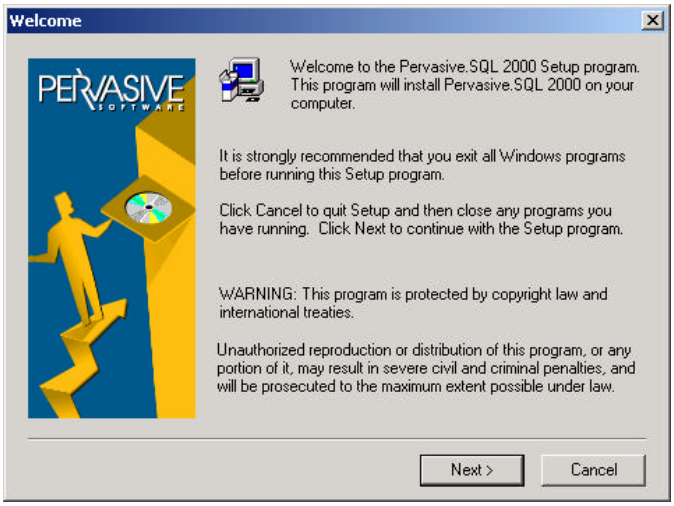
To run Claimstronic PMS software, your computer system should meet following minimum requirements.

1. A Pentium class processor running at 500 MHz or faster.
2. Windows 98 (second edition), ME, NT or 2000 operating system.
3. At least 64 MB RAM (optimally 128 MB RAM).
4. VGA 800 x 600 resolution.
5. 5 gigabyte diskspace.
6. 56 K Modem (The modem, as well as internet connectivity is needed to connect to www.Freeclaims.com).
7. CD-ROM Drive.

2.1.2 Pervasive Data Engine Component

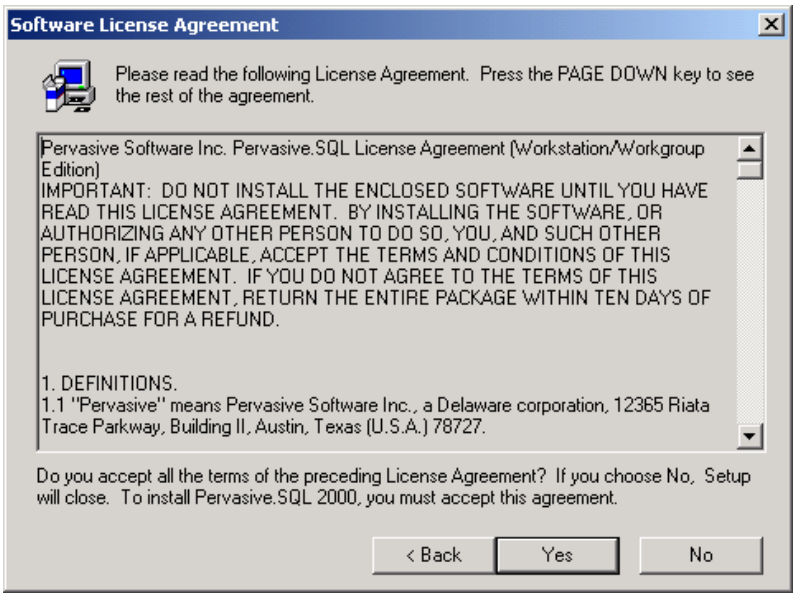
1. Insert CD-ROM in CD drive. Program should launch automatically, if not, go to Start, Run, and type d:setup. If your CD-ROM is not drive "D" substitute the appropriate letter for "D."
2. Install needed components by left clicking once on the component(s). Start from the top of the menu, select Pervasive Workgroup Engine first (left click on component), proceed in top-down order. You should install all components that are not grayed out.

3. After clicking on Pervasive Data Engine, follow the prompts for installation:


Welcome
PERVASIVE SOFTWARE
Welcome to the Pervasive.SQL 2000 Setup program. This program will install Pervasive.SQL 2000 on your computer.
It is strongly recommended that you exit all Windows programs before running this Setup program.
Click Cancel to quit Setup and then close any programs you have running. Click Next to continue with the Setup program.
WARNING: This program is protected by copyright law and international treaties.
Unauthorized reproduction or distribution of this program, or any portion of it, may result in severe civil and criminal penalties, and will be prosecuted to the maximum extent possible under law.
Next >
Cancel

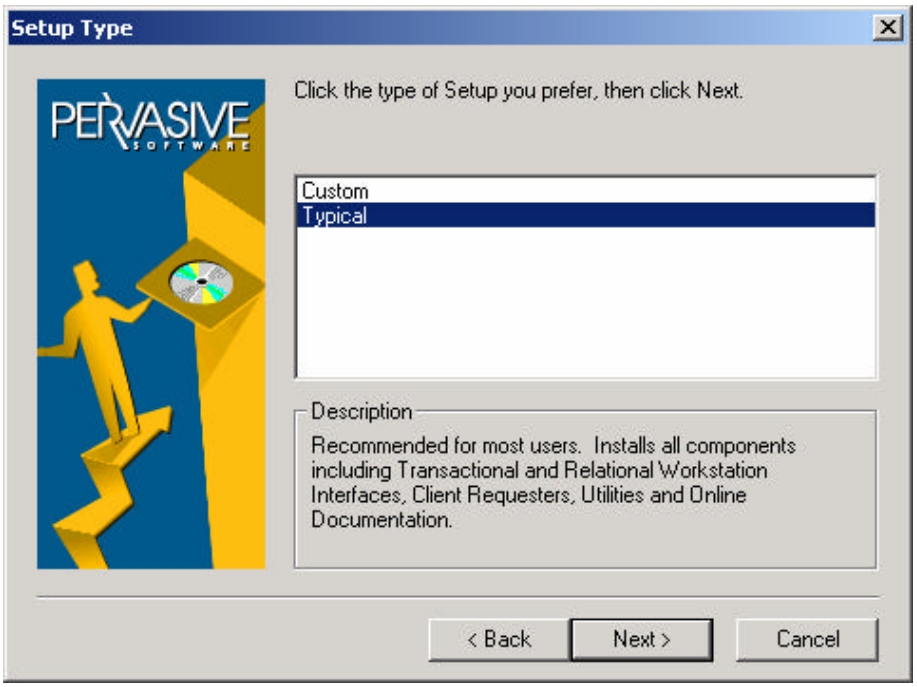
Click “Next” to continue.

4. Software License Agreement


Software License Agreement
Please read the following License Agreement. Press the PAGE DOWN key to see the rest of the agreement.
Pervasive Software Inc. Pervasive.SQL License Agreement (Workstation/Workgroup Edition)
IMPORTANT: DO NOT INSTALL THE ENCLOSED SOFTWARE UNTIL YOU HAVE READ THIS LICENSE AGREEMENT. BY INSTALLING THE SOFTWARE, OR AUTHORIZING ANY OTHER PERSON TO DO SO, YOU, AND SUCH OTHER PERSON, IF APPLICABLE, ACCEPT THE TERMS AND CONDITIONS OF THIS LICENSE AGREEMENT. IF YOU DO NOT AGREE TO THE TERMS OF THIS LICENSE AGREEMENT, RETURN THE ENTIRE PACKAGE WITHIN TEN DAYS OF PURCHASE FOR A REFUND.
1. DEFINITIONS.
1.1 "Pervasive" means Pervasive Software Inc., a Delaware corporation, 12365 Riata Trace Parkway, Building II, Austin, Texas (U.S.A.) 78727.
Do you accept all the terms of the preceding License Agreement? If you choose No, Setup will close. To install Pervasive.SQL 2000, you must accept this agreement.
< Back
Yes
No

Click “Yes” to accept license agreement.

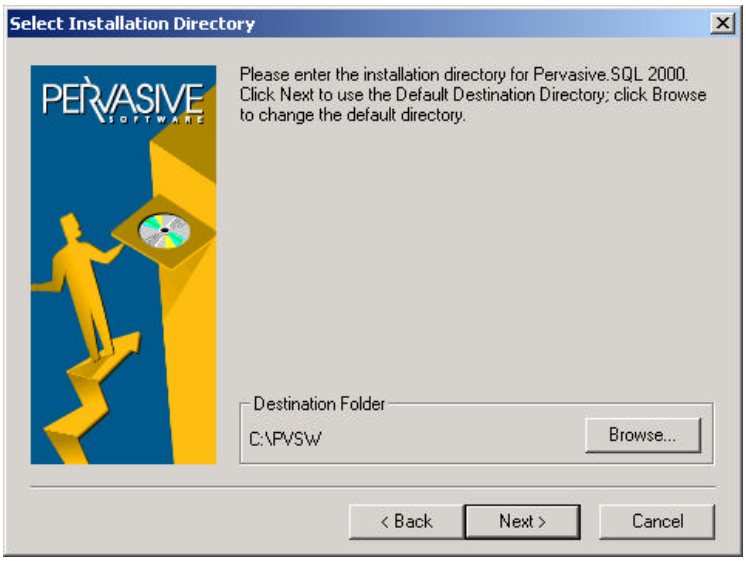
5. Click on the set-up you prefer.


Setup Type
PERVASIVE SOFTWARE
Click the type of Setup you prefer, then click Next.
Custom
Typical
Description
Recommended for most users. Installs all components including Transactional and Relational Workstation Interfaces, Client Requesters, Utilities and Online Documentation.
< Back
Next >
Cancel

“Typical,” is recommended for most users.

Click “Next” to continue.

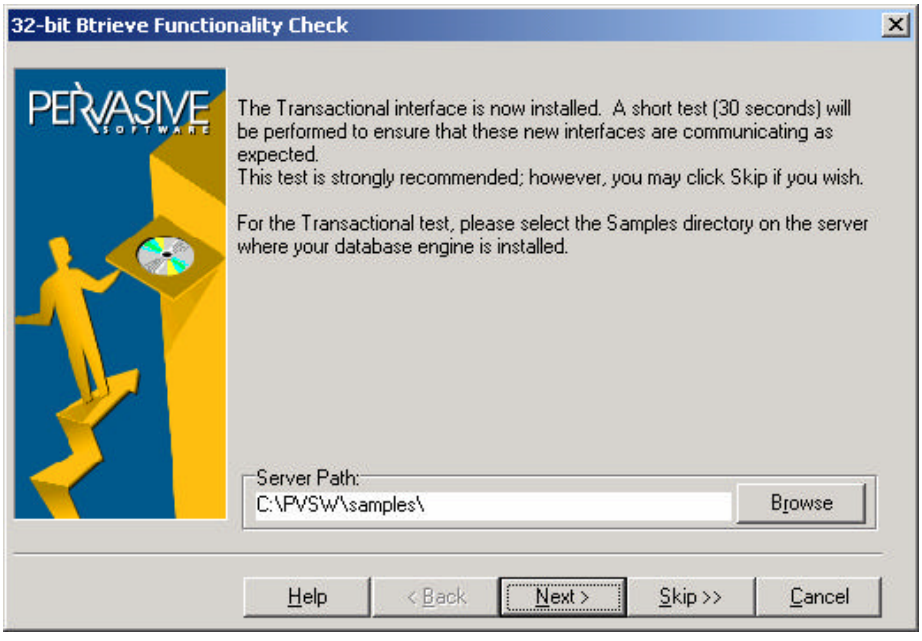
6. Select the installation directory.


Select Installation Directory
PERVASIVE SOFTWARE
Please enter the installation directory for Pervasive.SQL 2000.
Click Next to use the Default Destination Directory; click Browse to change the default directory.
Destination Folder
C:\PVSW
Browse...
< Back
Next >
Cancel

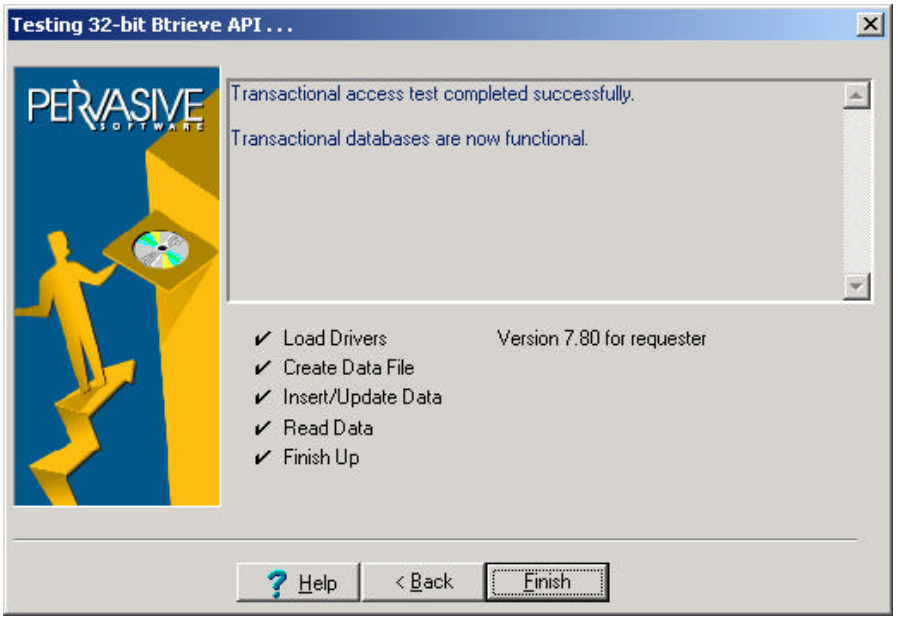
You may accept the default by clicking "Next" or click the "browse" button to re-direct the installation of the directory.

7. Pervasive.SQL 2000 Data Engine will be automatically installed. This make take up to two minutes. Do not proceed until the screen in Step 8 appears.

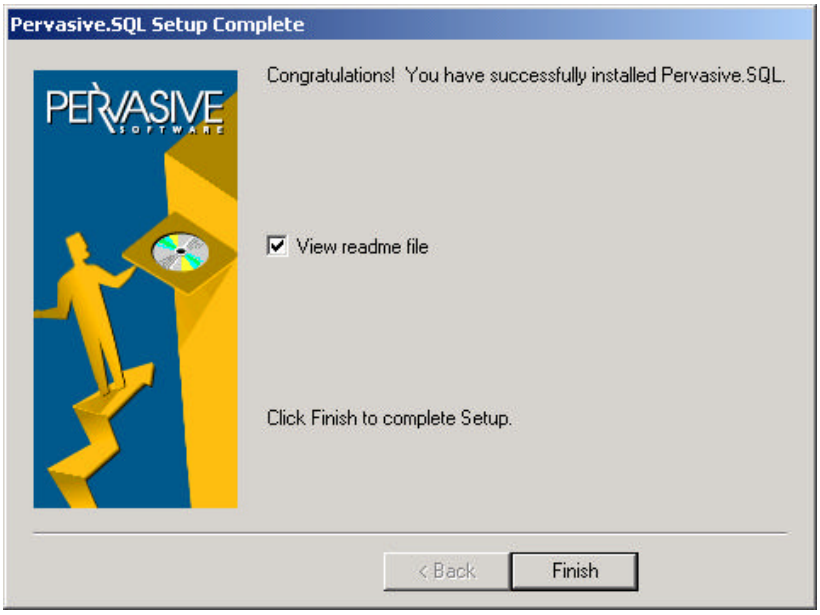
8. To continue installation click "Next."


32-bit Btrieve Functionality Check
PERVASIVE SOFTWARE
The Transactional interface is now installed. A short test (30 seconds) will be performed to ensure that these new interfaces are communicating as expected.
This test is strongly recommended; however, you may click Skip if you wish.
For the Transactional test, please select the Samples directory on the server where your database engine is installed.
Server Path:
C:\PVSW\samples\
Browse
Help
< Back
Next >
Skip >>
Cancel

9. Click “Finish” to complete installation of Pervasive.SQL 2000.



10. Click “Finish” again to receive message that Pervasive.SQL 2000 has completed installation.



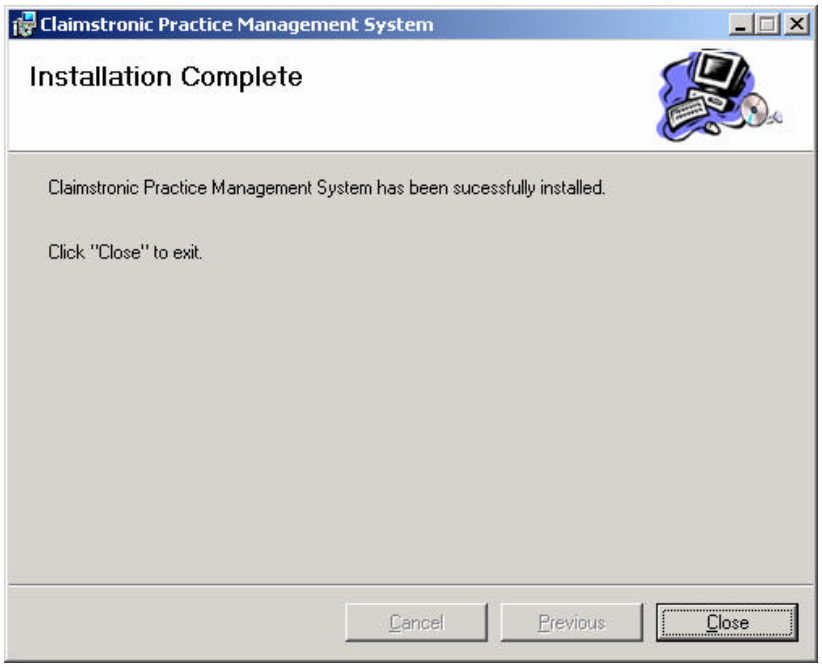
Note: *If you choose not to review the read me document, de-select the check box.*

2.1.3 Claimstronic-Practice Management System Component

1. Select Claimstronic - Practice Management System from menu by left clicking on the component.

2. Claimstronic - Practice Management System will be installed. This may take up to two minutes. **Note:** If you receive an error message click “continue.”

3. Installation complete.



Click “Close” to complete installation.

2.1.4 Microsoft Data Engine Component

1. Select Microsoft Data Engine by left clicking on the component.

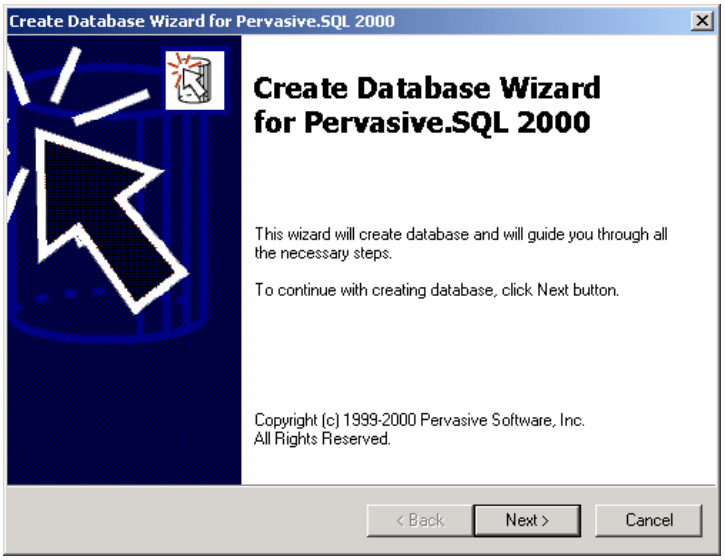
2. Installation of component will begin.
Note: Wait until component is completely installed before proceeding. This process will take three to four minutes, depending on the speed of your processor.

3. Proceed with the installation of the next component, "Database Setup."

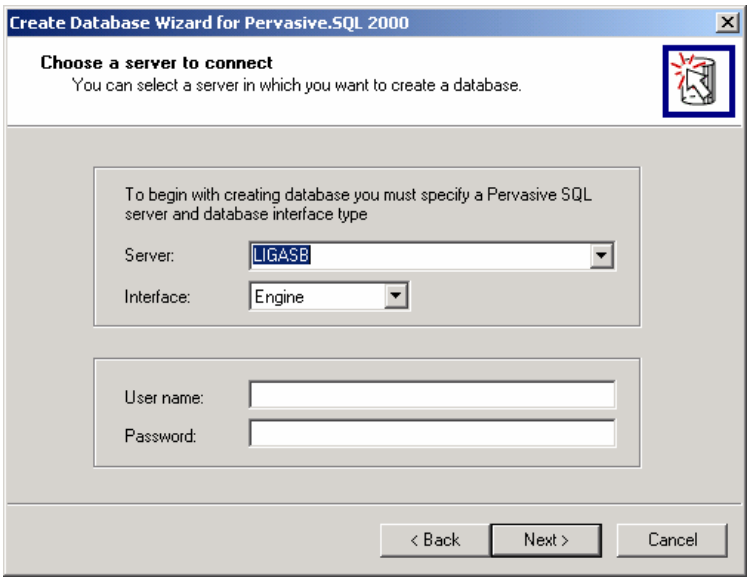
2.1.5 Database Setup Component

1. Select Database Setup by left clicking on the component.

2. Click “Next” to begin installation.

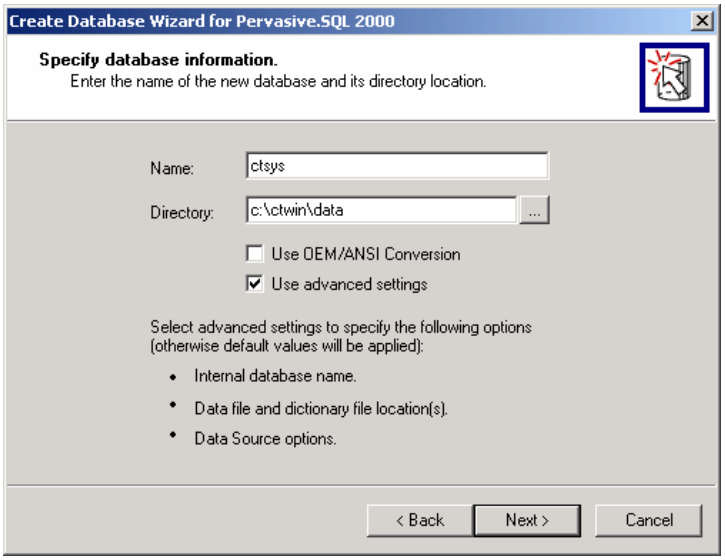

Create Database Wizard for Pervasive.SQL 2000
Create Database Wizard for Pervasive.SQL 2000
This wizard will create database and will guide you through all the necessary steps.
To continue with creating database, click Next button.
Copyright (c) 1999-2000 Pervasive Software, Inc.
All Rights Reserved.
< Back
Next >
Cancel

3. Choose a Server to Connect. **Note:** You should not have to enter the name of a Server. The Server field will automatically default to the name of the computer system that Claimstronic is being installed on. For example, if the name of your computer system is “DD001” then the name of the Server shown in the screen below will be “DD001.”


Create Database Wizard for Pervasive.SQL 2000
Choose a server to connect
You can select a server in which you want to create a database.
To begin with creating database you must specify a Pervasive SQL server and database interface type
Server:
LIGASB
Interface:
Engine
User name:
Password:
< Back
Next >
Cancel

Click “Next” to continue

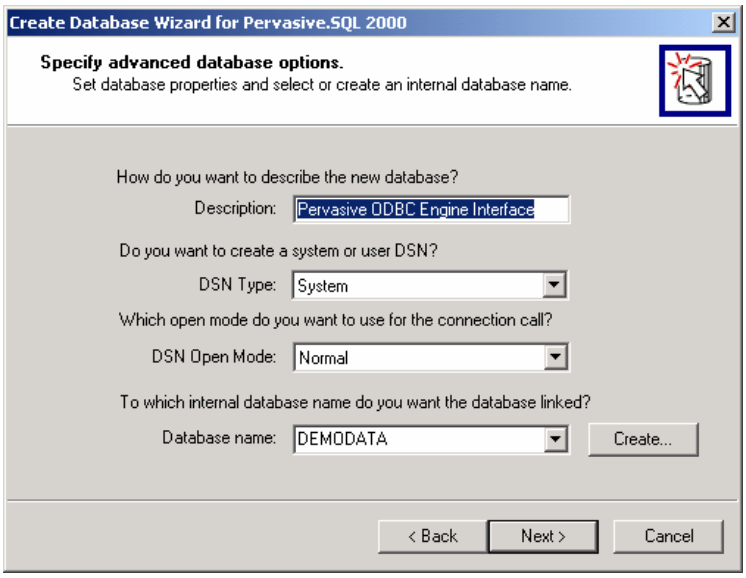
4. Specify database information screen will appear.



a. For “Name” type ctsys
b. For “Directory” type c:\ctwin\data
c. Select “Use advanced settings”

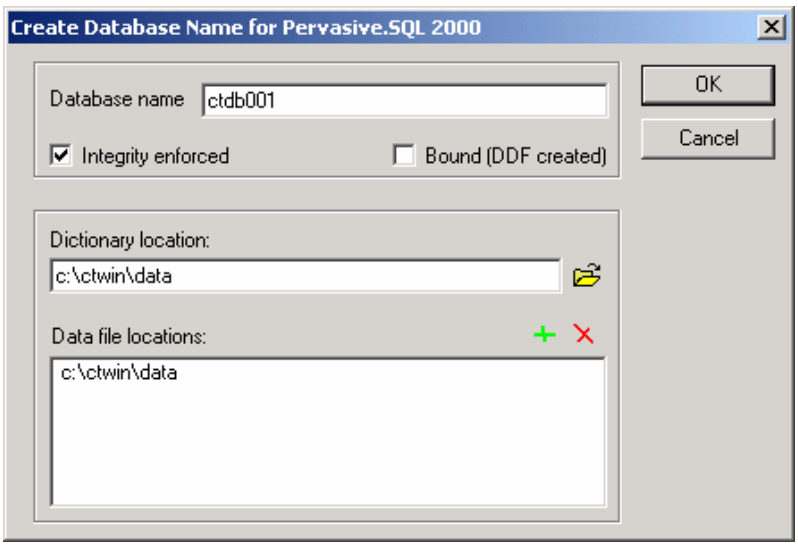
Click “Next” to continue.

5. Specify advanced database options.


Create Database Wizard for Pervasive.SQL 2000
Specify advanced database options.
Set database properties and select or create an internal database name.
How do you want to describe the new database?
Description:
Pervasive ODBC Engine Interface
Do you want to create a system or user DSN?
DSN Type:
System
Which open mode do you want to use for the connection call?
DSN Open Mode:
Normal
To which internal database name do you want the database linked?
Database name:
DEMODATA
Create...
< Back
Next >
Cancel

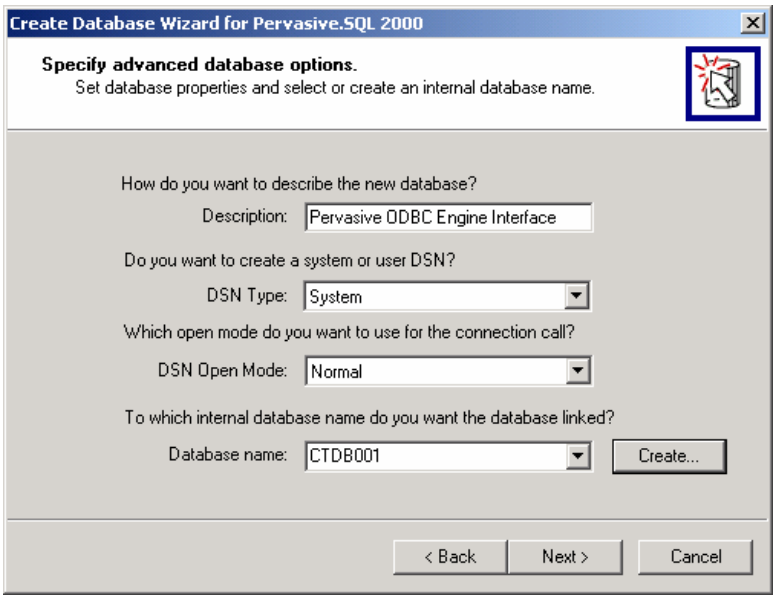
Click “Create” to continue.

6. Enter the database name.

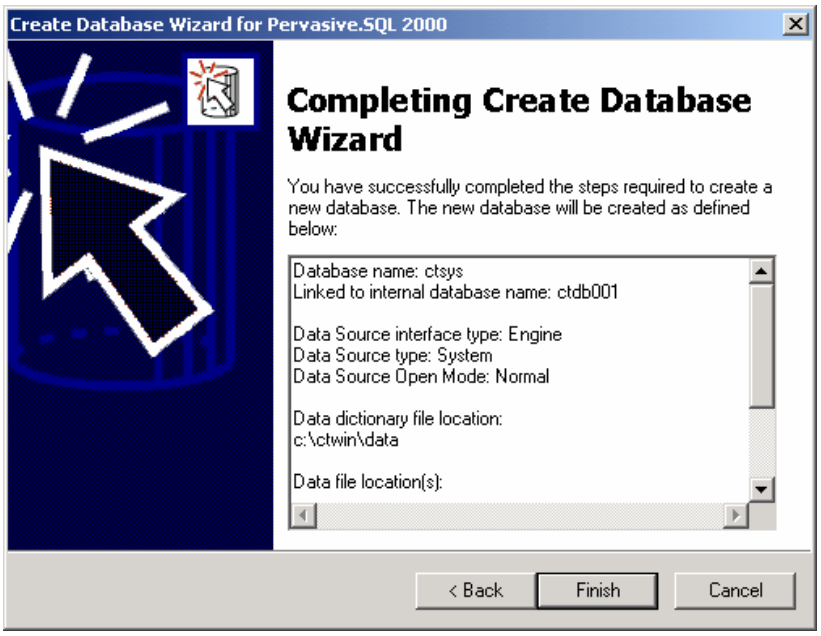


Change database name to “ctdb001.” Click “OK”.

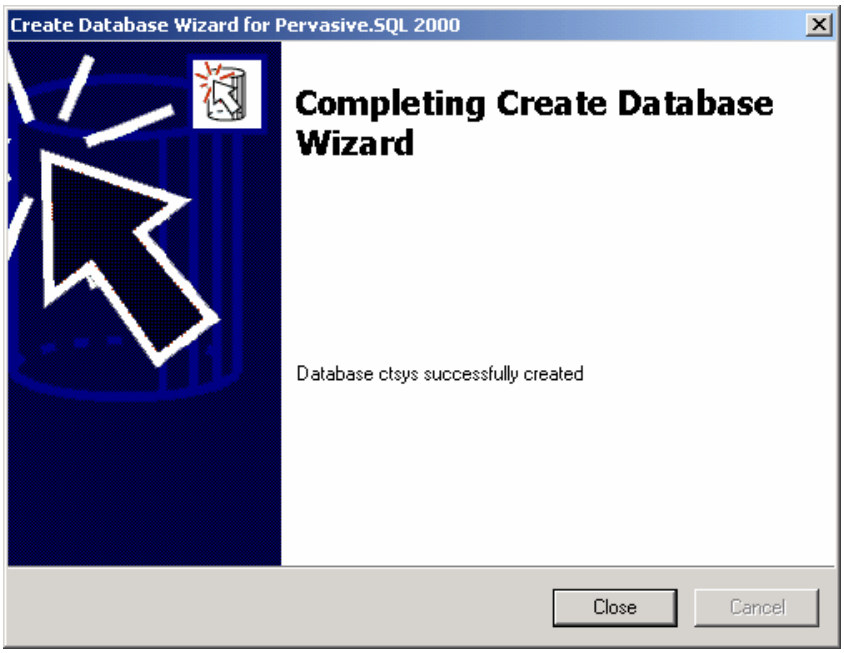
7. Click “Next” to continue


Create Database Wizard for Pervasive.SQL 2000
Specify advanced database options.
Set database properties and select or create an internal database name.
How do you want to describe the new database?
Description:
Pervasive ODBC Engine Interface
Do you want to create a system or user DSN?
DSN Type:
System
Which open mode do you want to use for the connection call?
DSN Open Mode:
Normal
To which internal database name do you want the database linked?
Database name:
CTDB001
Create...
< Back
Next >
Cancel

8. Click “Finish” to complete installation.


Create Database Wizard for Pervasive.SQL 2000
Completing Create Database Wizard
You have successfully completed the steps required to create a new database. The new database will be created as defined below:
Database name: ctsys
Linked to internal database name: ctdb001
Data Source interface type: Engine
Data Source type: System
Data Source Open Mode: Normal
Data dictionary file location:
c:\ctwin\data
Data file location(s):
< Back
Finish
Cancel

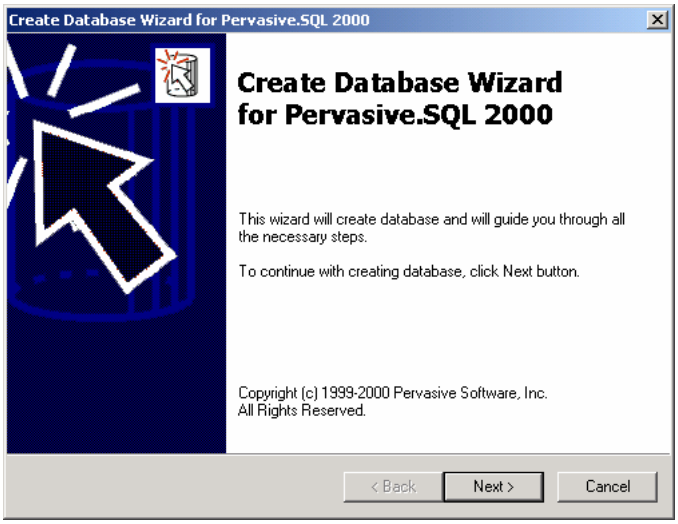
9. Click “Close.”



2.1.6 Create a second database.

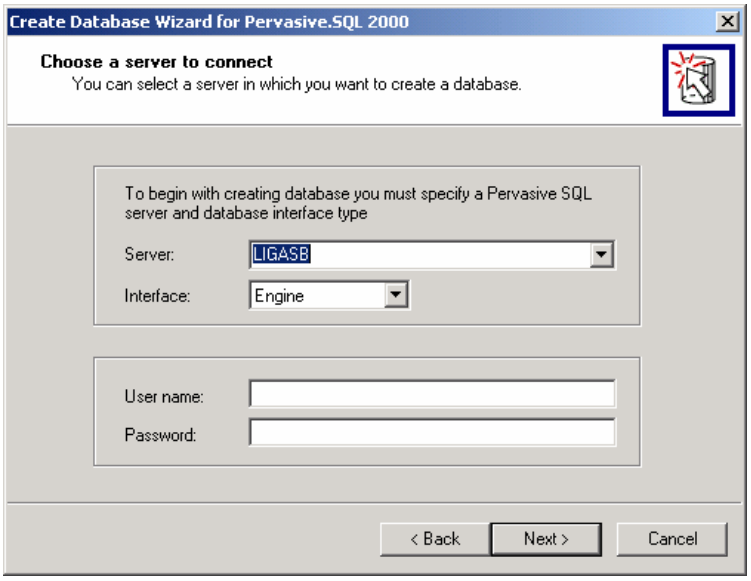
1. At the main menu, right click on the button next to "Database Setup." The component will no longer be grayed out. Left click on the component to continue. Select "Next" to continue installation.

2. The Create Database Wizard screen will appear.


Create Database Wizard for Pervasive.SQL 2000
Create Database Wizard for Pervasive.SQL 2000
This wizard will create database and will guide you through all the necessary steps.
To continue with creating database, click Next button.
Copyright (c) 1999-2000 Pervasive Software, Inc.
All Rights Reserved.
< Back
Next >
Cancel

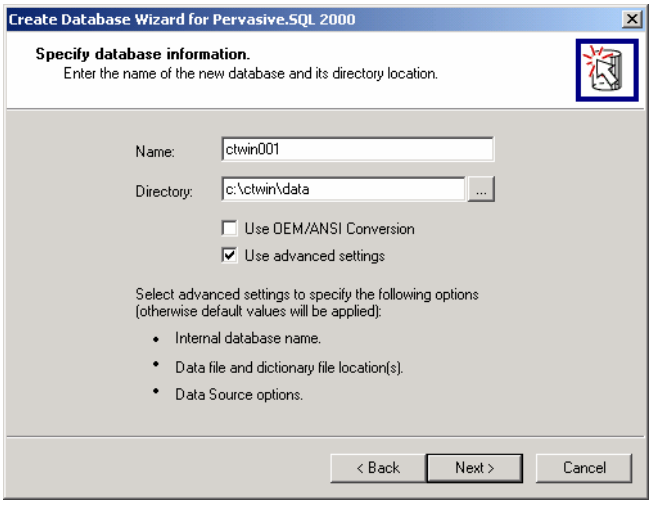
Click "Next" to continue.

3. Choose a Server to Connect. **Note:** You should not have to enter the name of a Server. The Server field will automatically default to the name of the computer system that Claimstronic is being installed on. For example, if the name of your computer system is "DD001" then the name of the Server shown in the screen below will be "DD001."


Create Database Wizard for Pervasive.SQL 2000
Choose a server to connect
You can select a server in which you want to create a database.
To begin with creating database you must specify a Pervasive SQL server and database interface type
Server:
LIGASB
Interface:
Engine
User name:
Password:
< Back
Next >
Cancel

Click "Next" to continue

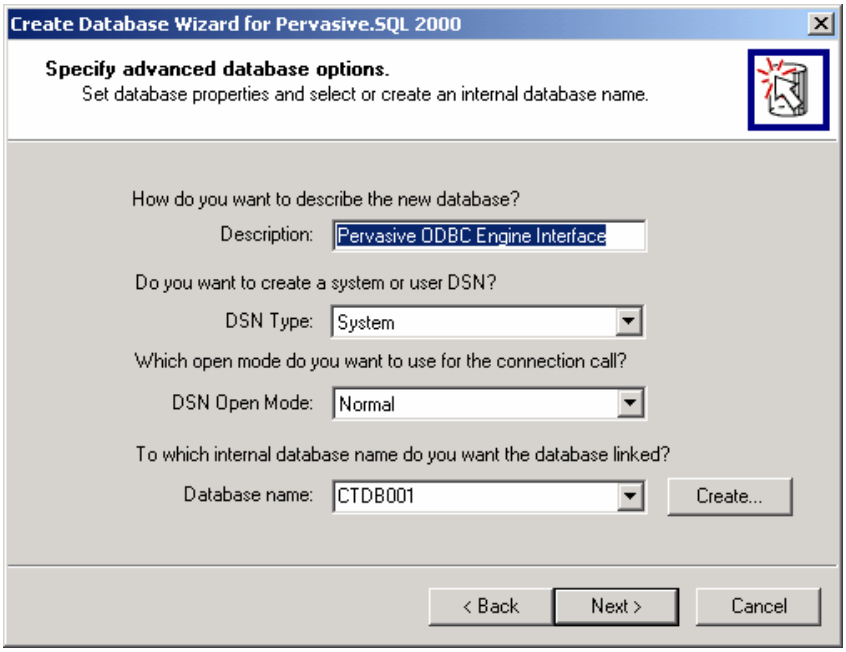
4. Specify database information.


Create Database Wizard for Pervasive.SQL 2000
Specify database information.
Enter the name of the new database and its directory location.
Name:
ctwin001
Directory:
c:\ctwin\data
Use OEM/ANSI Conversion
Use advanced settings
Select advanced settings to specify the following options (otherwise default values will be applied):
Internal database name.
Data file and dictionary file location(s).
Data Source options.
< Back
Next >
Cancel

a. For "Name" type ctwin001
b. For "Directory" type c:\ctwin\data
c. Click "Use advanced settings"

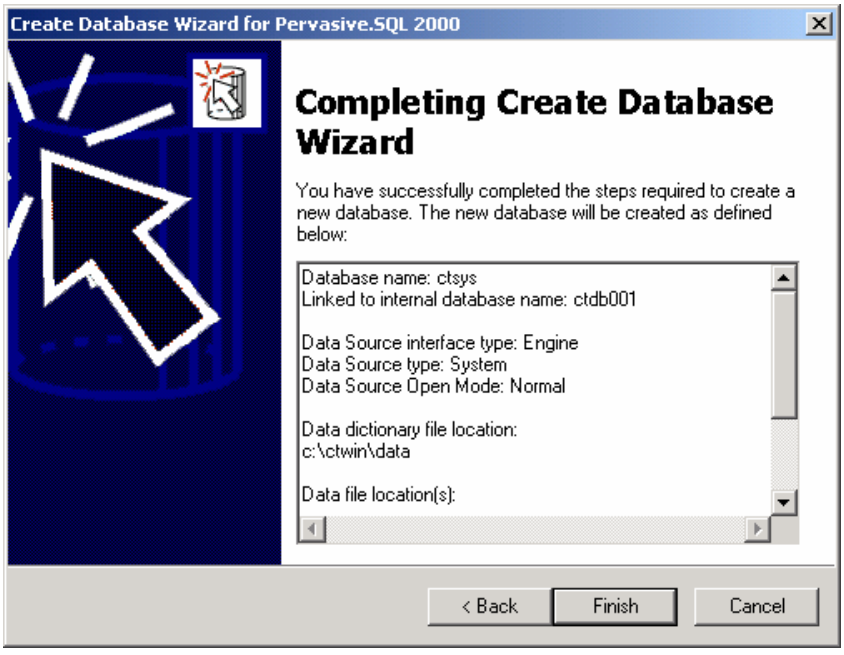
Click "Next" to continue.

5. Specify advanced database options.

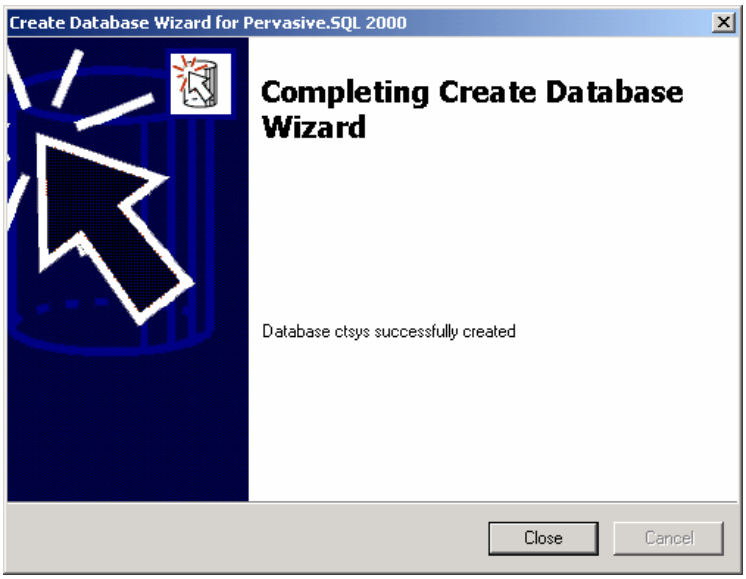

Create Database Wizard for Pervasive.SQL 2000
Specify advanced database options.
Set database properties and select or create an internal database name.
How do you want to describe the new database?
Description:
Pervasive ODBC Engine Interface
Do you want to create a system or user DSN?
DSN Type:
System
Which open mode do you want to use for the connection call?
DSN Open Mode:
Normal
To which internal database name do you want the database linked?
Database name:
CTDB001
Create...
< Back
Next >
Cancel

Click "Next" to continue.

6. Click "Finish" to complete installation.


Create Database Wizard for Pervasive.SQL 2000
Completing Create Database Wizard
You have successfully completed the steps required to create a new database. The new database will be created as defined below:
Database name: ctsys
Linked to internal database name: ctdb001
Data Source interface type: Engine
Data Source type: System
Data Source Open Mode: Normal
Data dictionary file location:
c:\ctwin\data
Data file location(s):
< Back
Finish
Cancel

7. Click “Close.”



8. Click “Close” to exit installation program.

2.1.7 Creating Your User Account

After the installation, the **Claimstronic PMS System** icon will be added to your Windows desktop.

To create your user account:

1. Click on the **Claimstronic PMS System** icon (this is your first time to click the icon).

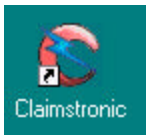
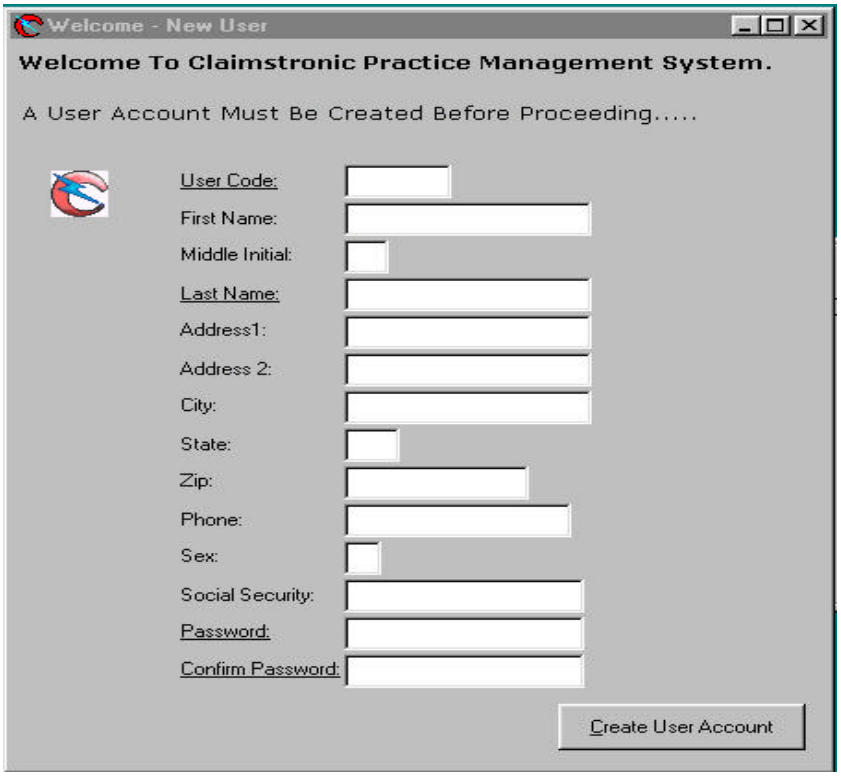


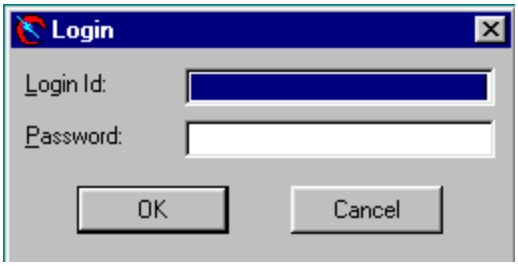
Figure 0-1. Claimstronic PMS System Icon

2. When the Welcome – New User screen appears, enter all requested information. Underlined items are minimum required fields.
3. After confirming your entries, click on the **Create User Account** button.

Note: *Remember your User Code. This will be your LOGIN ID.*



4. After you create your user account, the Login screen will now appear every time you start up Claimstronic PMS.



5. Enter your **LOGIN ID** and **password**, then click **OK** to login to the system.

2.2. Installation Process For Windows 98

2.2.1 System Requirements

To run Claimstronic PMS software, your computer system should meet following minimum requirements:

1. A Pentium class processor running at 500 MHz or faster.
2. Windows, 98 (second edition), NT or 2000 operating system.
3. At least 64 MB RAM (recommended 128 MB RAM).
4. VGA 800 x 600 resolution.
5. 1 gigabyte free disk space.
6. 56 K modem (The modem, as well as internet connectivity is needed to connect to www.Freeclaims.com).
7. CD-ROM Drive.

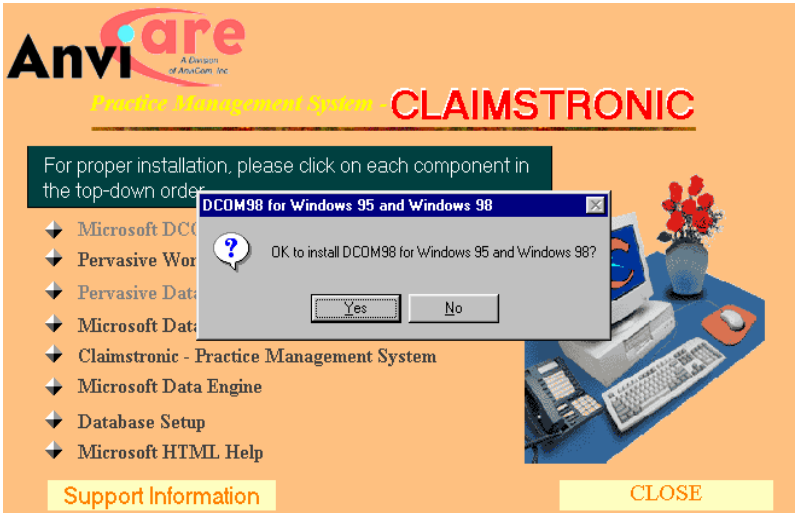
2.2.2 Microsoft DCOM for Windows 95/98

1. Insert the Claimstronic Installation CD into CD-ROM drive. Program should launch automatically, if not, go to Start, Run, and

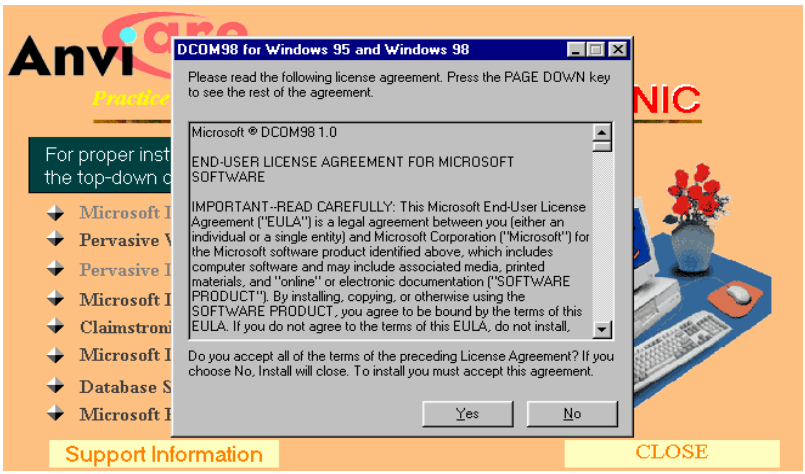
type d:setup. If your CD-ROM is not drive “D” substitute the appropriate letter for “D.”

2. Install needed components by left clicking once on the component(s). Start from the top of the menu, select Microsoft DCOM for Windows 95/98 first (left click on component), proceed in top-down order. You should install components that are not grayed out.

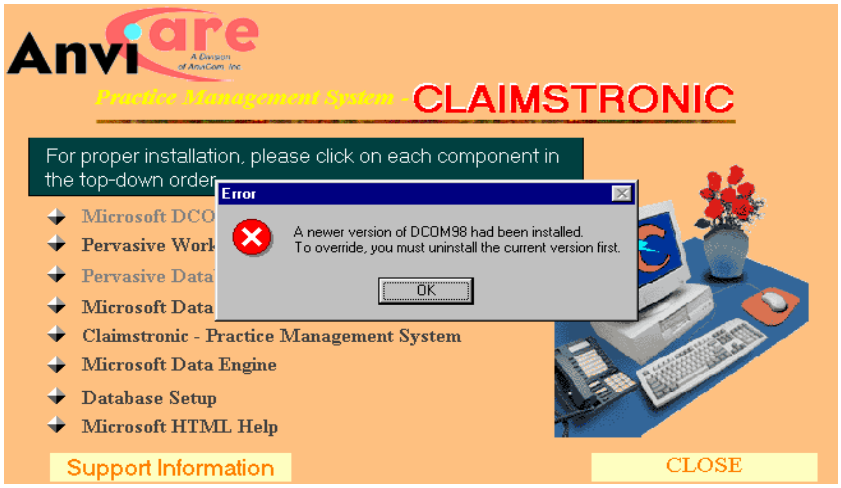
3. Click “Yes” to install DCOM.


Anvi care
Practice Management System - CLAIMSTRONIC
For proper installation, please click on each component in the top-down order.
DCOM98 for Windows 95 and Windows 98
OK to install DCOM98 for Windows 95 and Windows 98?
Yes
No
Claimstronic - Practice Management System
Microsoft Data Engine
Database Setup
Microsoft HTML Help
Support Information
CLOSE

4. Click “Yes” for license agreement.


DCOM98 for Windows 95 and Windows 98
Please read the following license agreement. Press the PAGE DOWN key to see the rest of the agreement.
Microsoft ® DCOM98 1.0
END-USER LICENSE AGREEMENT FOR MICROSOFT SOFTWARE
IMPORTANT--READ CAREFULLY: This Microsoft End-User License Agreement ("EULA") is a legal agreement between you (either an individual or a single entity) and Microsoft Corporation ("Microsoft") for the Microsoft software product identified above, which includes computer software and may include associated media, printed materials, and "online" or electronic documentation ("SOFTWARE PRODUCT"). By installing, copying, or otherwise using the SOFTWARE PRODUCT, you agree to be bound by the terms of this EULA. If you do not agree to the terms of this EULA, do not install.
Do you accept all of the terms of the preceding License Agreement? If you choose No, Install will close. To install you must accept this agreement.
Yes
No
Support Information
CLOSE

5. If the error message appears click “OK,” a newer version of DCOM already exists so it is not needed.

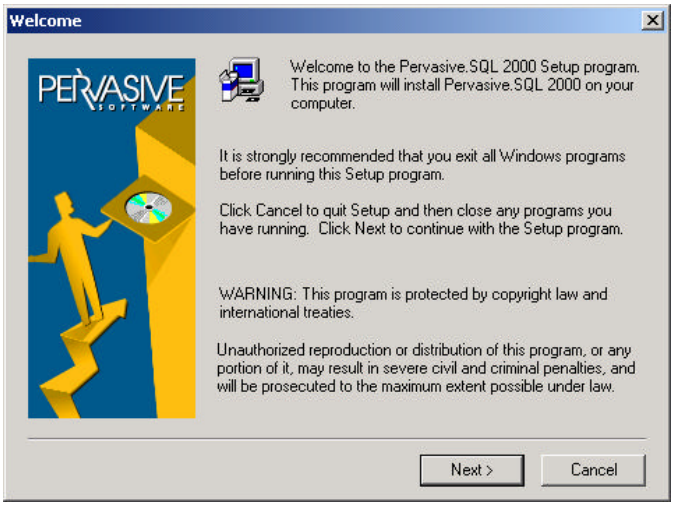


***Note**: DCOM will automatically install if there is not a version already on the machine.*

2.2.3 Pervasive Data Engine Component

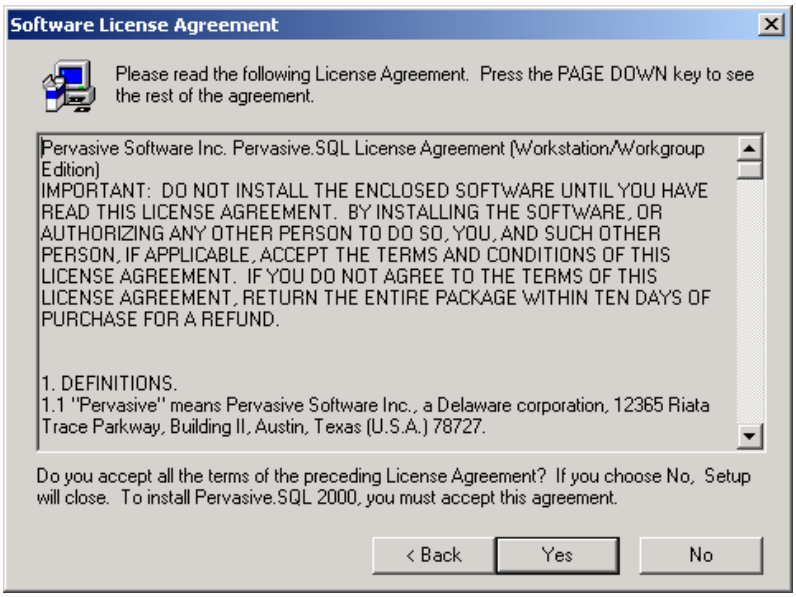
1. Select the Pervasive Workgroup Engine component from the menu by left clicking on the component.

2. After clicking on Pervasive Data Engine, follow the prompts for installation:


Welcome
PERVASIVE SOFTWARE
Welcome to the Pervasive.SQL 2000 Setup program. This program will install Pervasive.SQL 2000 on your computer.
It is strongly recommended that you exit all Windows programs before running this Setup program.
Click Cancel to quit Setup and then close any programs you have running. Click Next to continue with the Setup program.
WARNING: This program is protected by copyright law and international treaties.
Unauthorized reproduction or distribution of this program, or any portion of it, may result in severe civil and criminal penalties, and will be prosecuted to the maximum extent possible under law.
Next >
Cancel

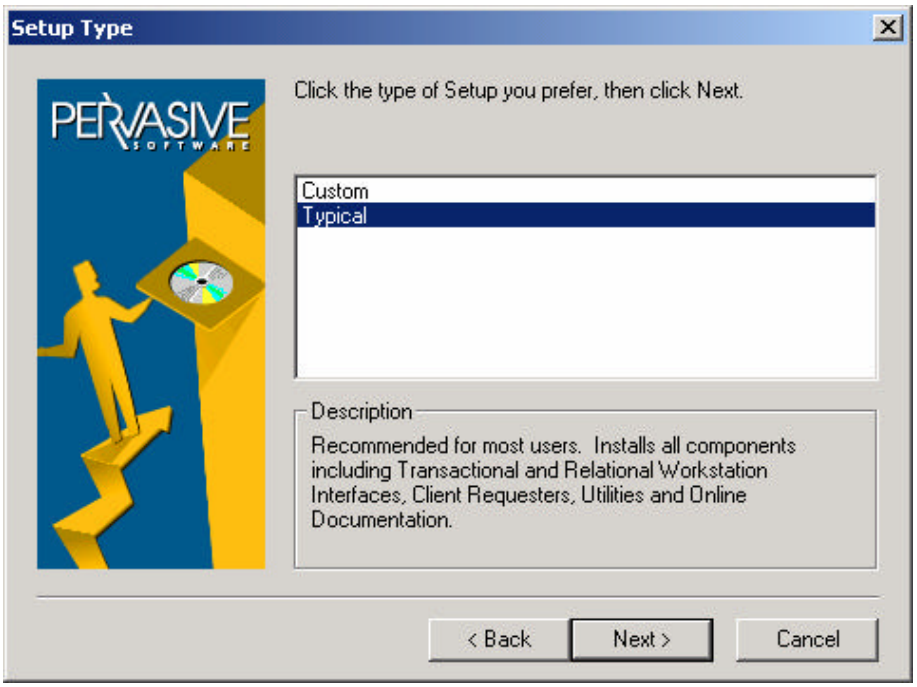
Click “Next” to continue.

3. Software License Agreement.


Software License Agreement
Please read the following License Agreement. Press the PAGE DOWN key to see the rest of the agreement.
Pervasive Software Inc. Pervasive.SQL License Agreement (Workstation/Workgroup Edition)
IMPORTANT: DO NOT INSTALL THE ENCLOSED SOFTWARE UNTIL YOU HAVE READ THIS LICENSE AGREEMENT. BY INSTALLING THE SOFTWARE, OR AUTHORIZING ANY OTHER PERSON TO DO SO, YOU, AND SUCH OTHER PERSON, IF APPLICABLE, ACCEPT THE TERMS AND CONDITIONS OF THIS LICENSE AGREEMENT. IF YOU DO NOT AGREE TO THE TERMS OF THIS LICENSE AGREEMENT, RETURN THE ENTIRE PACKAGE WITHIN TEN DAYS OF PURCHASE FOR A REFUND.
1. DEFINITIONS.
1.1 "Pervasive" means Pervasive Software Inc., a Delaware corporation, 12365 Riata Trace Parkway, Building II, Austin, Texas (U.S.A.) 78727.
Do you accept all the terms of the preceding License Agreement? If you choose No, Setup will close. To install Pervasive.SQL 2000, you must accept this agreement.
< Back
Yes
No

Click “Yes” to accept license agreement.

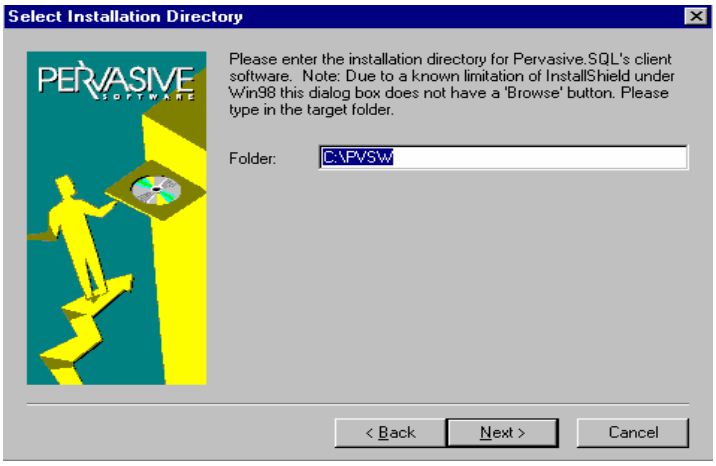
4. Click on the set-up you prefer.


Setup Type
PERVASIVE SOFTWARE
Click the type of Setup you prefer, then click Next.
Custom
Typical
Description
Recommended for most users. Installs all components including Transactional and Relational Workstation Interfaces, Client Requesters, Utilities and Online Documentation.
< Back
Next >
Cancel

“Typical,” is recommended for most users.

Click “Next” to continue.

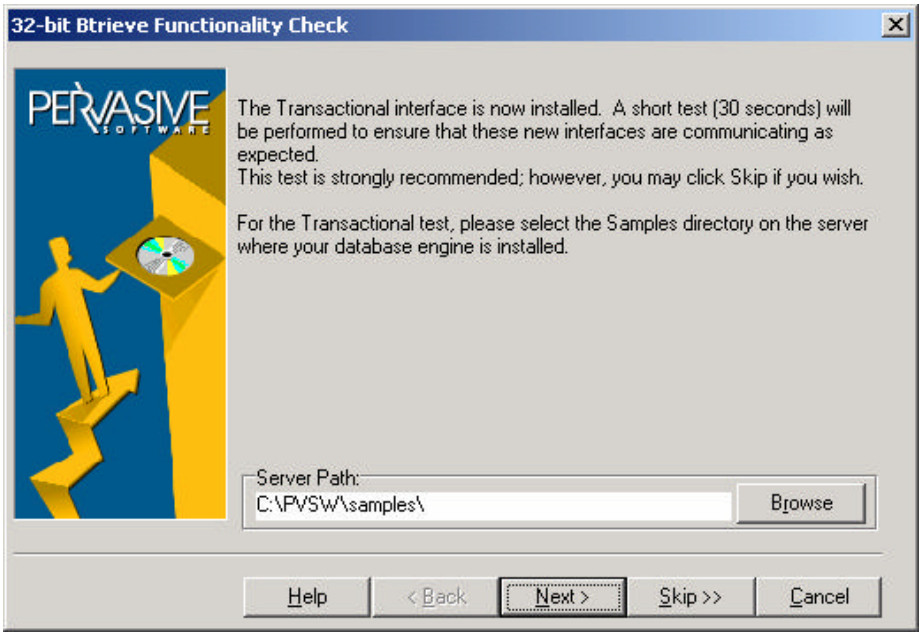
5. Select the installation directory.


Select Installation Directory
PERVASIVE
SOFTWARE
Please enter the installation directory for Pervasive.SQL's client software. Note: Due to a known limitation of InstallShield under Win98 this dialog box does not have a 'Browse' button. Please type in the target folder.
Folder:
C:\PVSW
< Back
Next >
Cancel

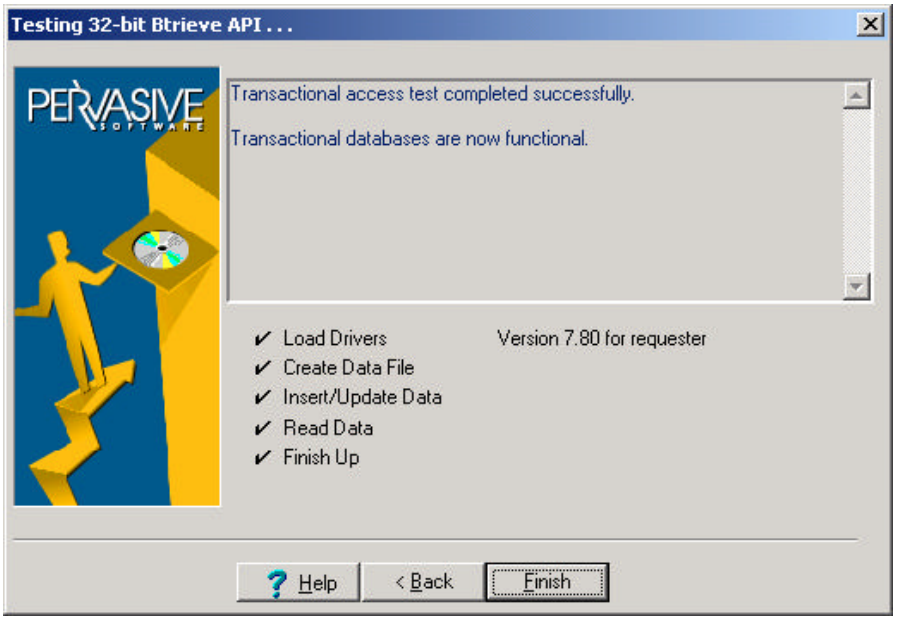
You may accept the default by clicking "Next" or click the "Browse" button to re-direct the installation of the directory.

6. Pervasive.SQL 2000 will be automatically installed. This may take up to two minutes. Do not proceed until the screen in Step 7 appears.

7. To continue installation click “Next.”


32-bit Btrieve Functionality Check
PERVASIVE SOFTWARE
The Transactional interface is now installed. A short test (30 seconds) will be performed to ensure that these new interfaces are communicating as expected.
This test is strongly recommended; however, you may click Skip if you wish.
For the Transactional test, please select the Samples directory on the server where your database engine is installed.
Server Path:
C:\PVSW\samples\
Browse
Help
< Back
Next >
Skip >>
Cancel

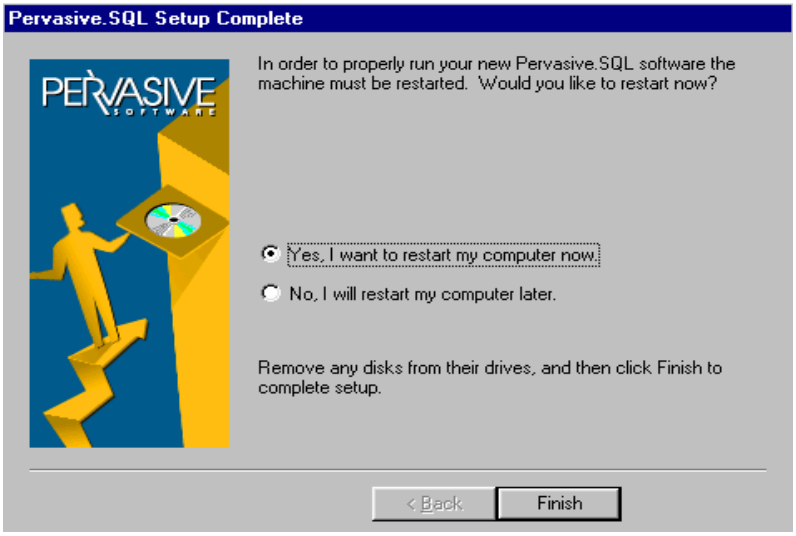
8. Click “Finish” to complete installation of Pervasive.SQL 2000.



9. Click the appropriate button to view or not view the readme file.

Pervasive.SQL 2000 SP2 Setup (Build 198)
Pervasive.SQL 2000 Workgroup
Question
Would you like to view the readme file? If you choose Yes to view the readme you might need to press Alt-Tab to toggle back to your browser.
Yes
No
© Copyright Pervasive Software Inc. 1997-2000. All Rights Reserved.
Exit F3

10. You must restart your computer to finish the Pervasive setup.

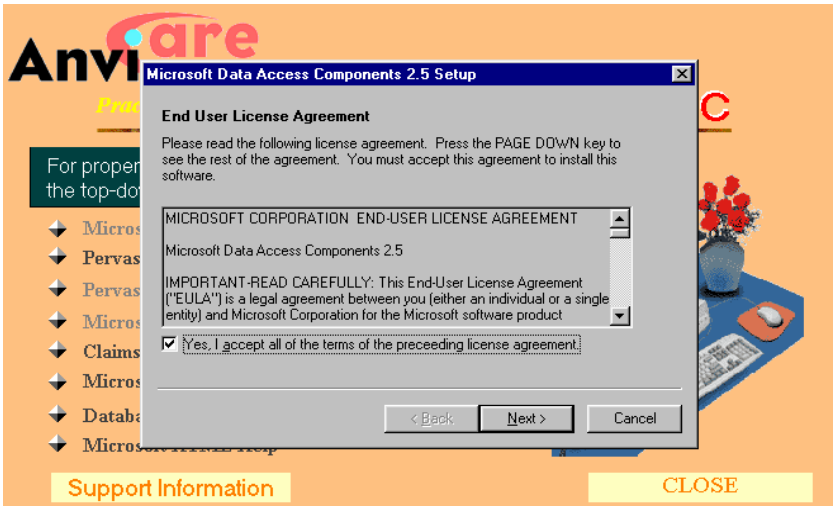

Pervasive.SQL Setup Complete
PERVASIVE SOFTWARE
In order to properly run your new Pervasive.SQL software the machine must be restarted. Would you like to restart now?
Yes, I want to restart my computer now.
No, I will restart my computer later.
Remove any disks from their drives, and then click Finish to complete setup.
< Back
Finish

Click "Finish" to restart your computer.

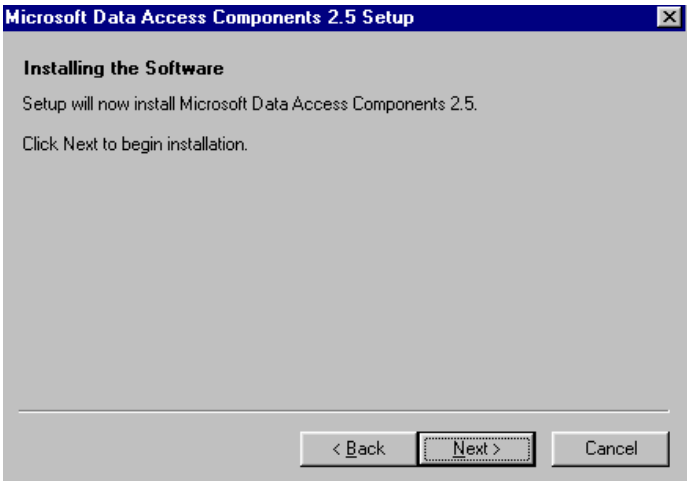
Note: *After restarting your computer, previously installed components will no longer be grayed out. Do not reinstall these components.*

2.2.4 Microsoft Data Access Component

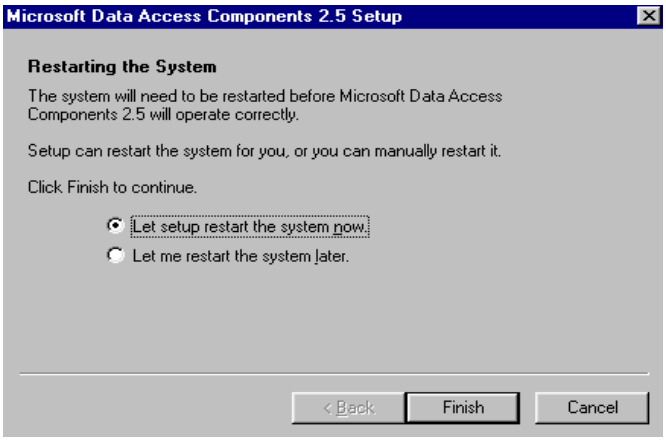
1. Accept the license agreement by clicking a check mark in the box. click “Next” to continue with setup.


Microsoft Data Access Components 2.5 Setup
End User License Agreement
Please read the following license agreement. Press the PAGE DOWN key to see the rest of the agreement. You must accept this agreement to install this software.
MICROSOFT CORPORATION END-USER LICENSE AGREEMENT
Microsoft Data Access Components 2.5
IMPORTANT-READ CAREFULLY: This End-User License Agreement ("EULA") is a legal agreement between you (either an individual or a single entity) and Microsoft Corporation for the Microsoft software product
Yes, I accept all of the terms of the preceeding license agreement
< Back
Next >
Cancel
Support Information
CLOSE

2. Click next to begin installation.


Microsoft Data Access Components 2.5 Setup
Installing the Software
Setup will now install Microsoft Data Access Components 2.5.
Click Next to begin installation.
< Back
Next >
Cancel

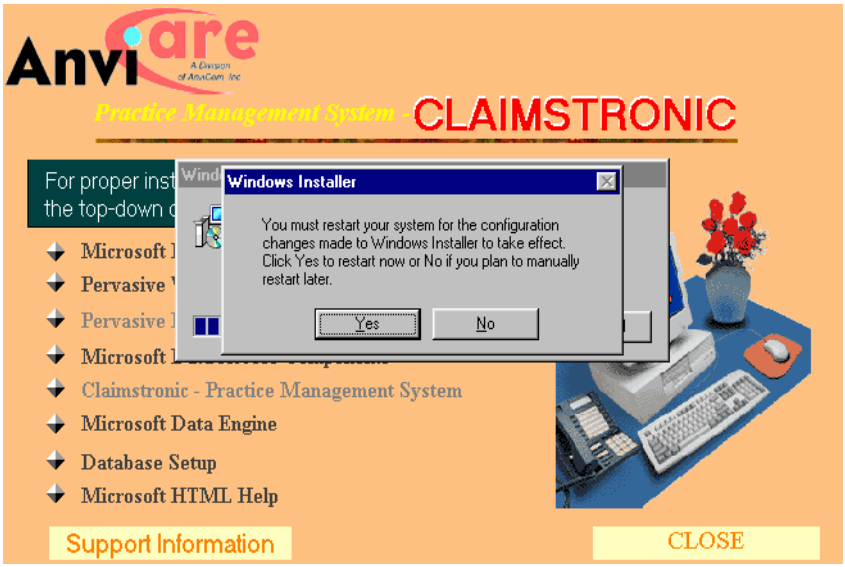
3. If this window is displayed click “Finish” to restart your computer.


Microsoft Data Access Components 2.5 Setup
Restarting the System
The system will need to be restarted before Microsoft Data Access Components 2.5 will operate correctly.
Setup can restart the system for you, or you can manually restart it.
Click Finish to continue.
Let setup restart the system now.
Let me restart the system later.
< Back
Finish
Cancel

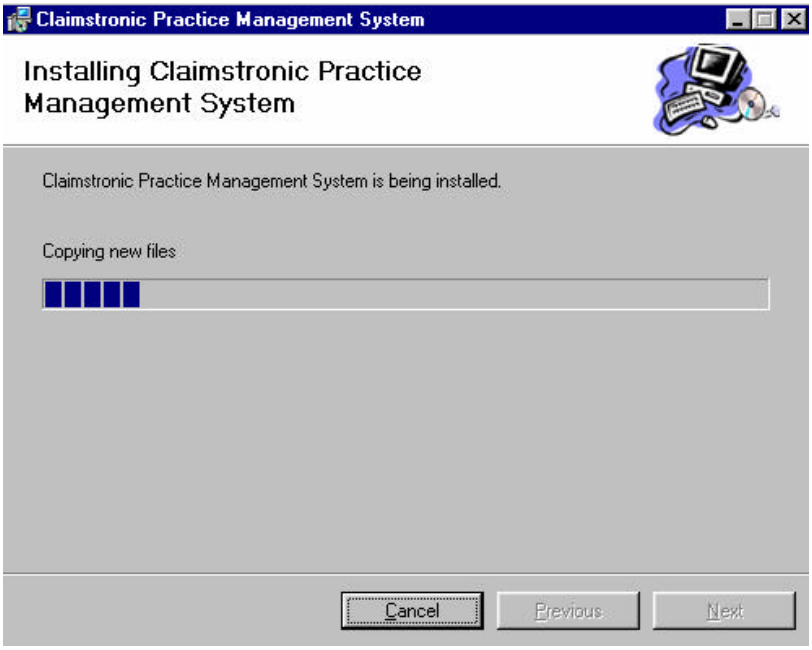
2.2.5 Claimstronic - Practice Management System Component

1. Select Claimstronic - Practice Management System from menu by left clicking on the component.

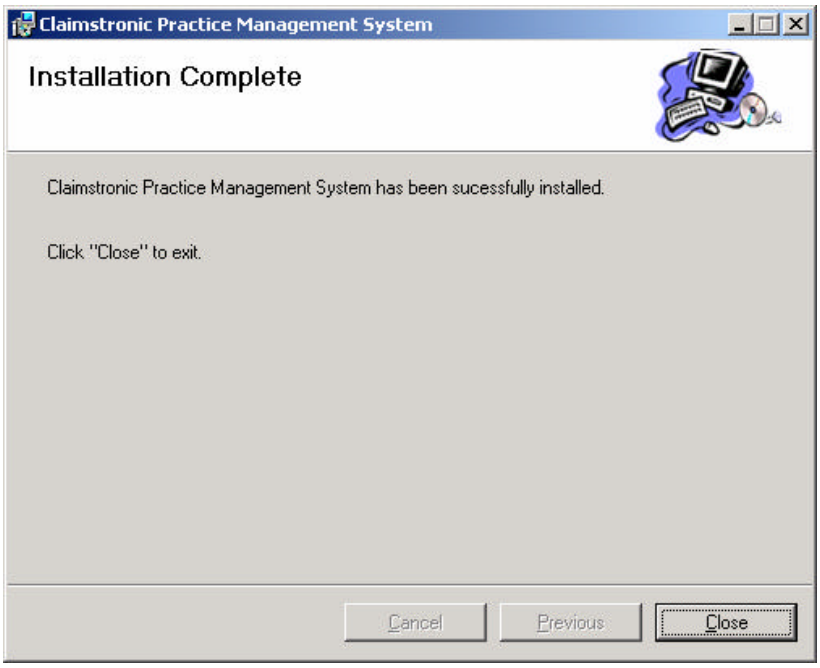
2. Claimstronic may need to configure the windows installer which will prompt you to restart your computer to finish the installation of the software. Click “Yes” and the computer will restart and continue the installation.


Anvi care
Practice Management System - CLAIMSTRONIC
Windows Installer
You must restart your system for the configuration changes made to Windows Installer to take effect. Click Yes to restart now or No if you plan to manually restart later.
Yes
No
Claimstronic - Practice Management System
Microsoft Data Engine
Database Setup
Microsoft HTML Help
Support Information
CLOSE

3. Claimstronic - Practice Management System will be installed. This may take up to two minutes. **Note:** If you receive an error message click “continue.”



4. Installation complete.



Click “Close” to complete installation.

2.2.6 Microsoft Data Engine Component

1. Select Microsoft Data Engine by left clicking on the component.

2. Installation of component will begin.

Note: *Wait until component is completely installed before*

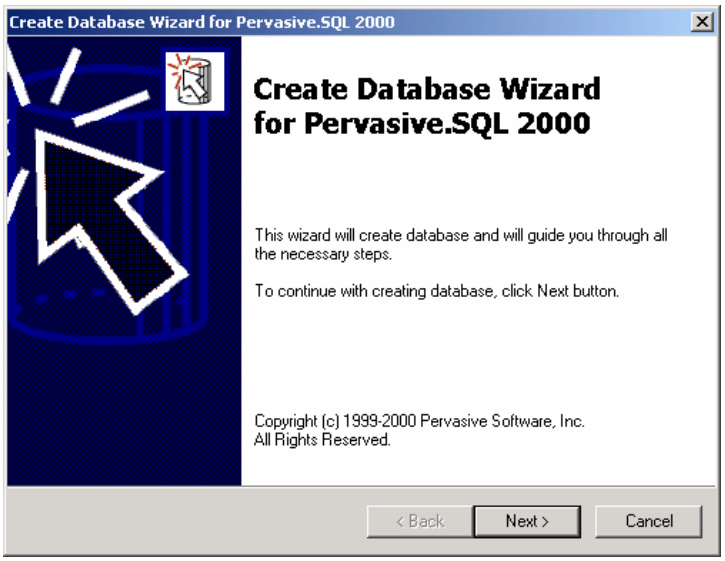
proceeding. This process will take three to four minutes, depending on the speed of your processor.

3. Proceed with the installation of the next component, "Database Setup."

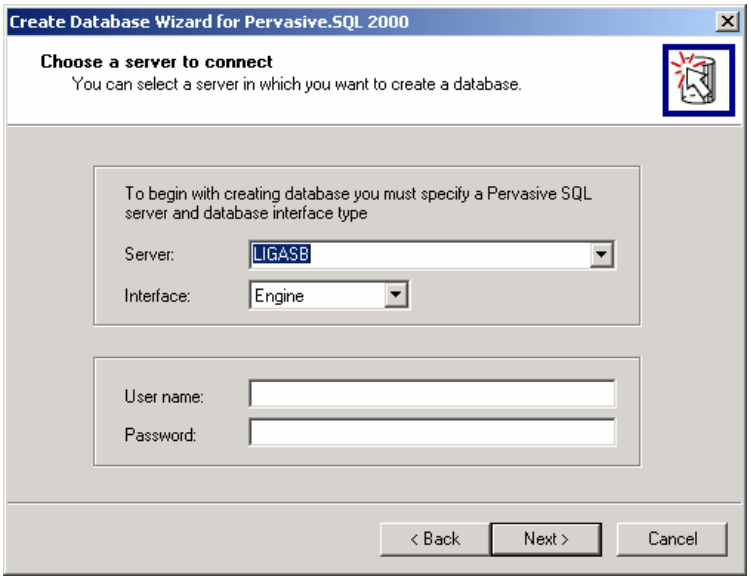
2.2.7 Database Setup Component

1. Select Database Setup by left clicking on the component.

2. Click "Next" to begin installation.

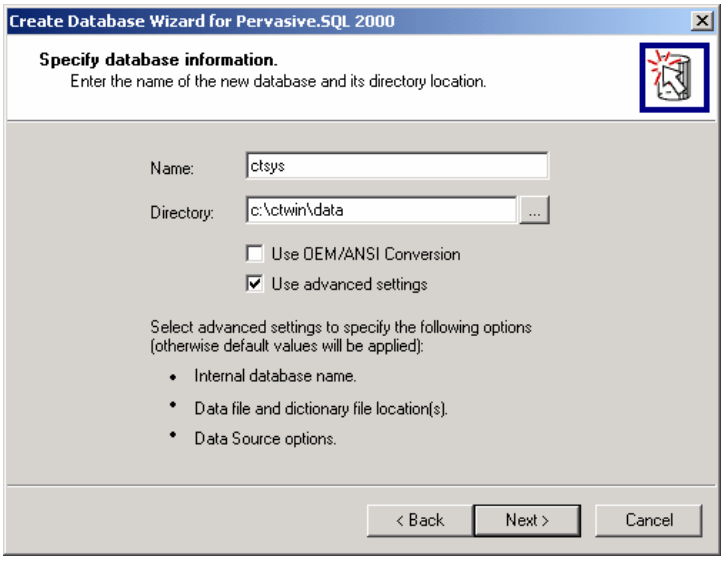

Create Database Wizard for Pervasive.SQL 2000
Create Database Wizard for Pervasive.SQL 2000
This wizard will create database and will guide you through all the necessary steps.
To continue with creating database, click Next button.
Copyright (c) 1999-2000 Pervasive Software, Inc.
All Rights Reserved.
< Back
Next >
Cancel

3. Choose a Server to Connect. **Note:** You should not have to enter the name of a Server. The Server field will automatically default to the name of the computer system that Claimstronic is being installed on. For example, if the name of your computer system is "DD001" then the name of the Server shown in the screen below will be "DD001."


Create Database Wizard for Pervasive.SQL 2000
Choose a server to connect
You can select a server in which you want to create a database.
To begin with creating database you must specify a Pervasive SQL server and database interface type
Server:
LIGASB
Interface:
Engine
User name:
Password:
< Back
Next >
Cancel

Click "Next" to continue

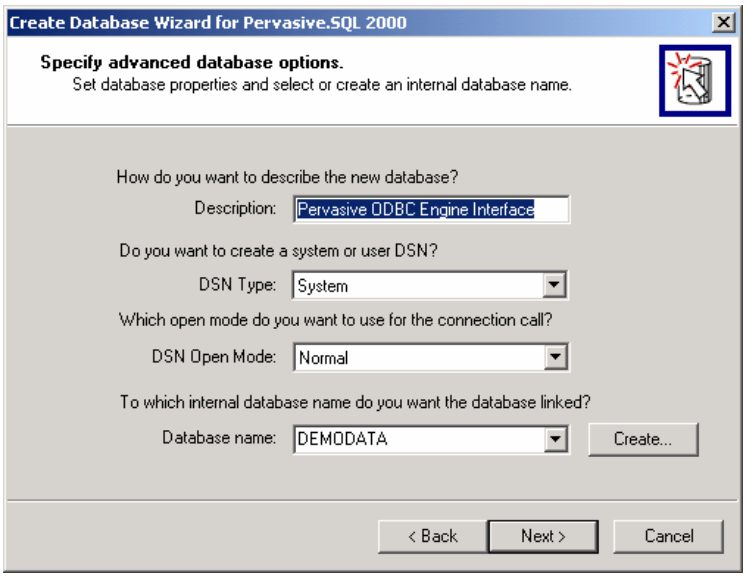
4. Specify database information screen will appear.



a. For "Name" type ctsys
b. For "Directory" type c:\ctwin\data
c. Select "Use advanced settings"

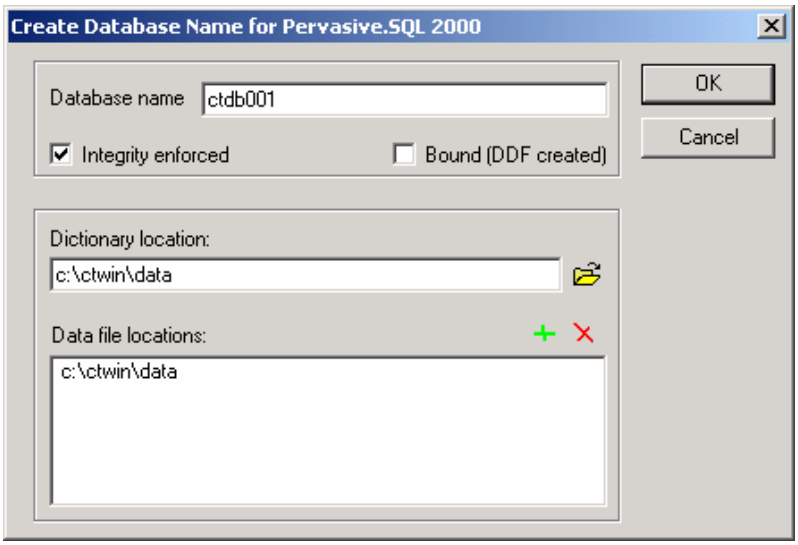
Click "Next" to continue.

5. Specify advanced database options.


Create Database Wizard for Pervasive.SQL 2000
Specify advanced database options.
Set database properties and select or create an internal database name.
How do you want to describe the new database?
Description:
Pervasive ODBC Engine Interface
Do you want to create a system or user DSN?
DSN Type:
System
Which open mode do you want to use for the connection call?
DSN Open Mode:
Normal
To which internal database name do you want the database linked?
Database name:
DEMODATA
Create...
< Back
Next >
Cancel

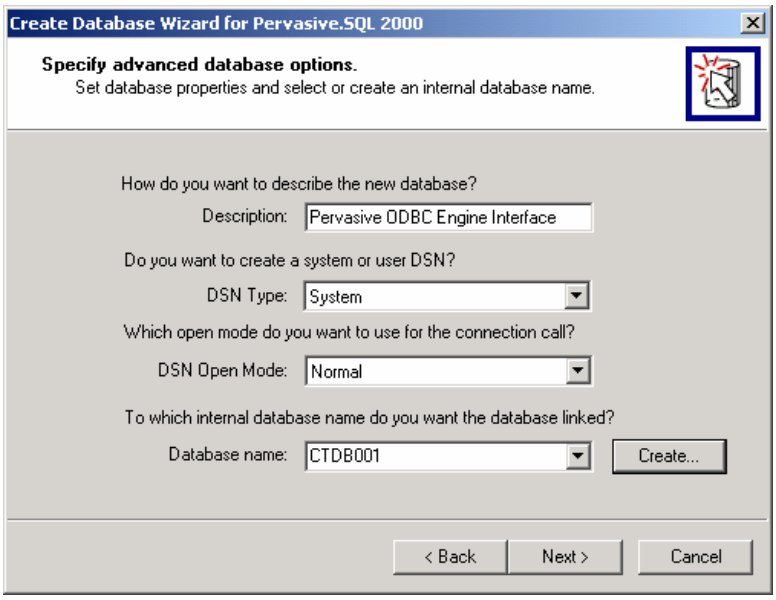
Click “Create” to continue.

6. Enter the database name.

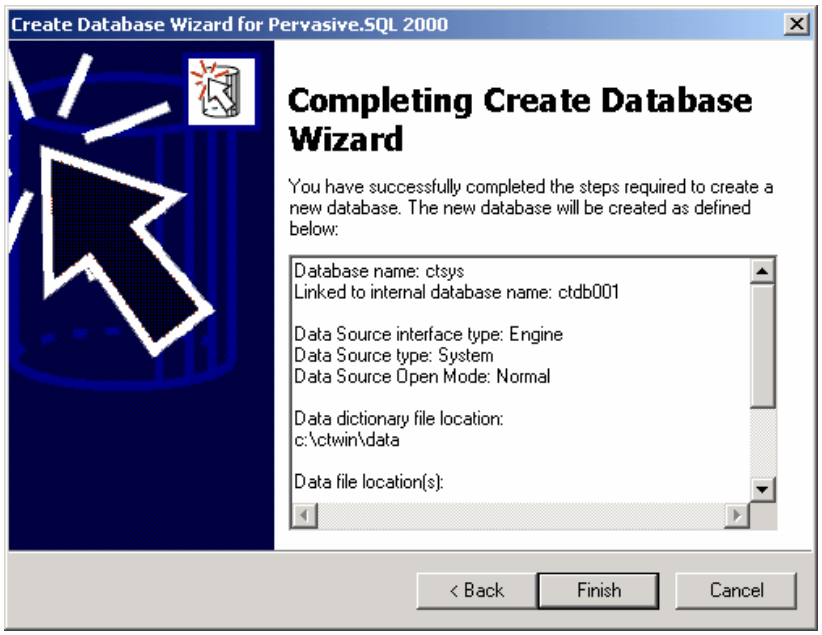


Change database name to “ctdb001.” Click “OK.”

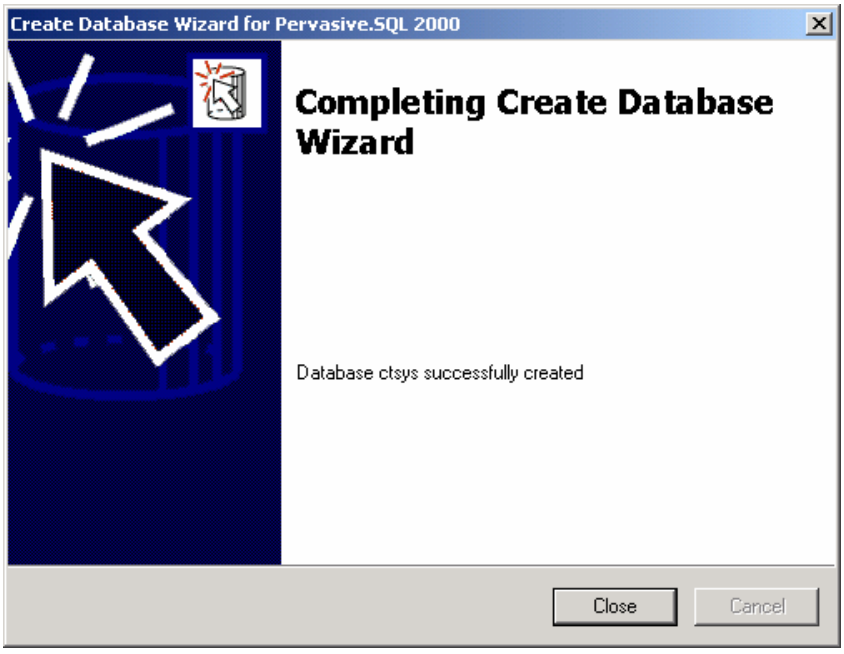
7. Click “Next” to continue


Create Database Wizard for Pervasive.SQL 2000
Specify advanced database options.
Set database properties and select or create an internal database name.
How do you want to describe the new database?
Description:
Pervasive ODBC Engine Interface
Do you want to create a system or user DSN?
DSN Type:
System
Which open mode do you want to use for the connection call?
DSN Open Mode:
Normal
To which internal database name do you want the database linked?
Database name:
CTDB001
Create...
< Back
Next >
Cancel

8. Click “Finish” to complete installation.


Create Database Wizard for Pervasive.SQL 2000
Completing Create Database Wizard
You have successfully completed the steps required to create a new database. The new database will be created as defined below:
Database name: ctsys
Linked to internal database name: ctdb001
Data Source interface type: Engine
Data Source type: System
Data Source Open Mode: Normal
Data dictionary file location:
c:\ctwin\data
Data file location(s):
< Back
Finish
Cancel

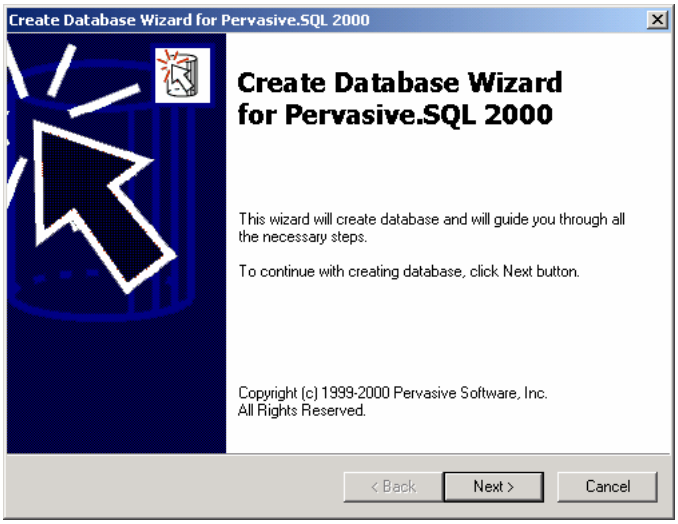
9. Click “Close.”



2.2.8 Create a second database.

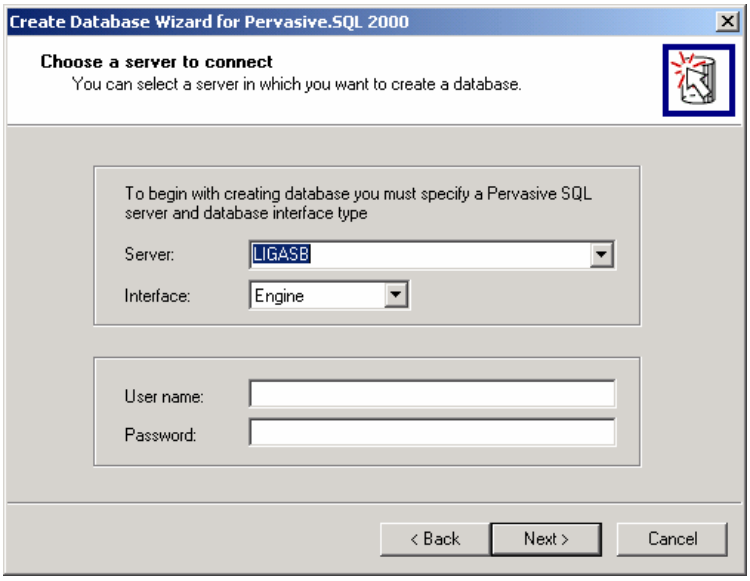
1. At the main menu, right click on the button next to "Database Setup." The component will no longer be grayed out. Left click on the component to continue. Select "Next" to continue installation.

2. The Create Database Wizard screen will appear.


Create Database Wizard for Pervasive.SQL 2000
Create Database Wizard for Pervasive.SQL 2000
This wizard will create database and will guide you through all the necessary steps.
To continue with creating database, click Next button.
Copyright (c) 1999-2000 Pervasive Software, Inc.
All Rights Reserved.
< Back
Next >
Cancel

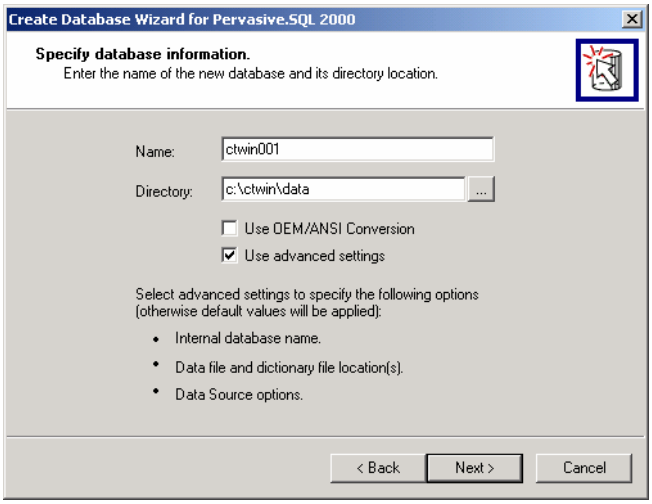
Click "Next" to continue.

3. Choose a Server to Connect. **Note:** You should not have to enter the name of a Server. The Server field will automatically default to the name of the computer system that Claimstronic is being installed on. For example, if the name of your computer system is "DD001" then the name of the Server shown in the screen below will be "DD001."


Create Database Wizard for Pervasive.SQL 2000
Choose a server to connect
You can select a server in which you want to create a database.
To begin with creating database you must specify a Pervasive SQL server and database interface type
Server:
LIGASB
Interface:
Engine
User name:
Password:
< Back
Next >
Cancel

Click "Next" to continue

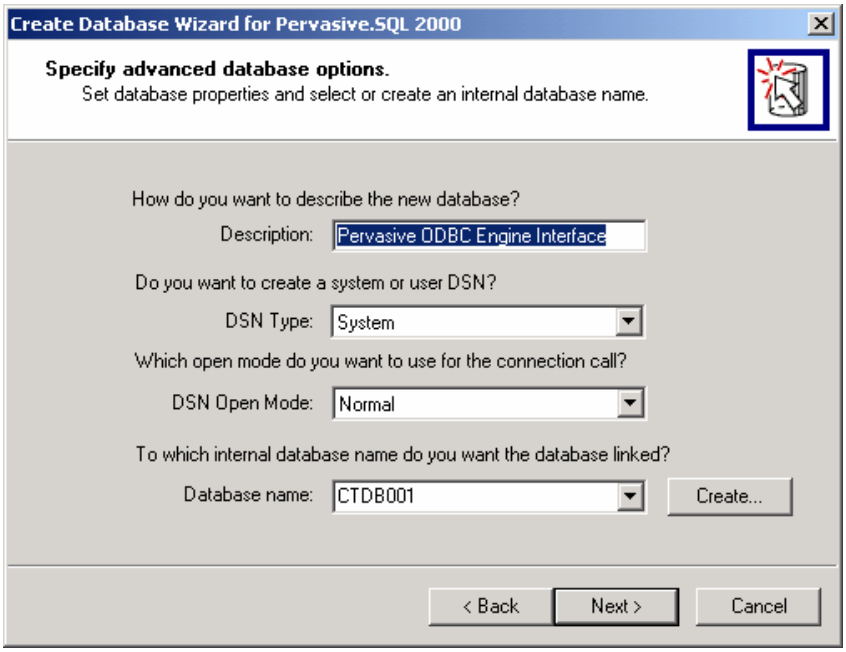
4. Specify database information.


Create Database Wizard for Pervasive.SQL 2000
Specify database information.
Enter the name of the new database and its directory location.
Name:
ctwin001
Directory:
c:\ctwin\data
Use OEM/ANSI Conversion
Use advanced settings
Select advanced settings to specify the following options (otherwise default values will be applied):
Internal database name.
Data file and dictionary file location(s).
Data Source options.
< Back
Next >
Cancel

a. For "Name" type ctwin001
b. For "Directory" type c:\ctwin\data
c. Click "Use advanced settings"

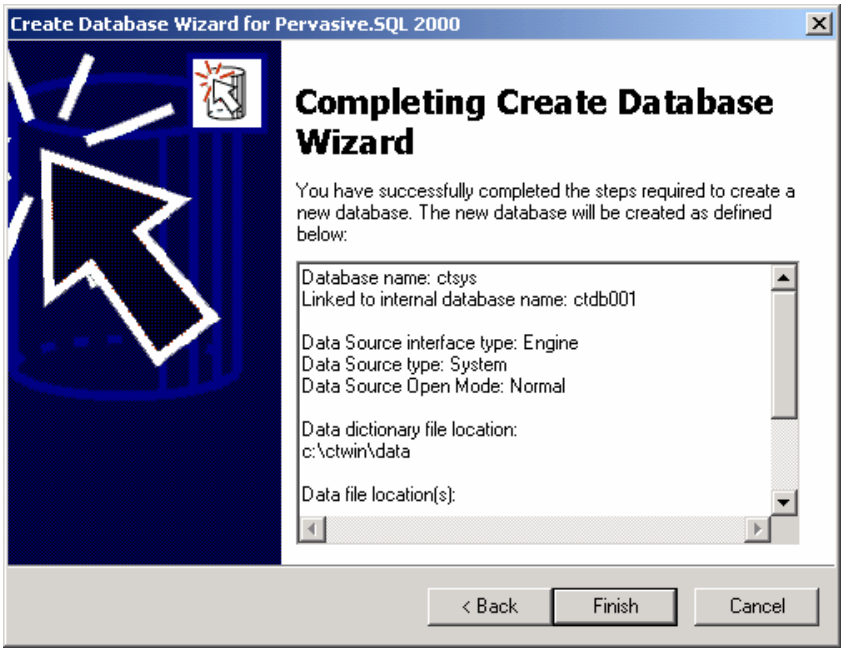
Click "Next" to continue.

5. Specify advanced database options.

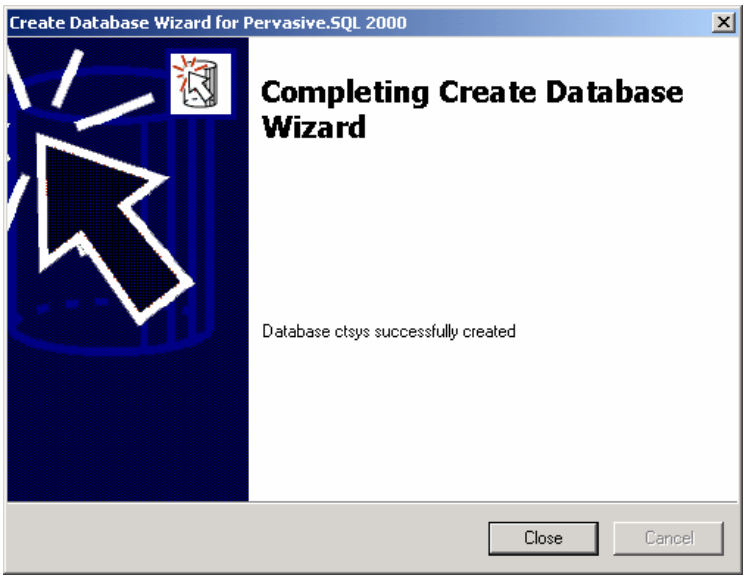

Create Database Wizard for Pervasive.SQL 2000
Specify advanced database options.
Set database properties and select or create an internal database name.
How do you want to describe the new database?
Description:
Pervasive ODBC Engine Interface
Do you want to create a system or user DSN?
DSN Type:
System
Which open mode do you want to use for the connection call?
DSN Open Mode:
Normal
To which internal database name do you want the database linked?
Database name:
CTDB001
Create...
< Back
Next >
Cancel

Click "Next" to continue.

6. Click "Finish" to complete installation.


Create Database Wizard for Pervasive.SQL 2000
Completing Create Database Wizard
You have successfully completed the steps required to create a new database. The new database will be created as defined below:
Database name: ctsys
Linked to internal database name: ctdb001
Data Source interface type: Engine
Data Source type: System
Data Source Open Mode: Normal
Data dictionary file location:
c:\ctwin\data
Data file location(s):
< Back
Finish
Cancel

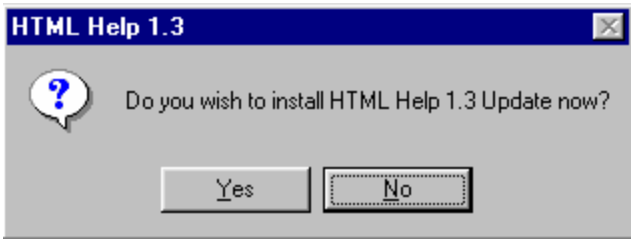
7. Click “Close.”



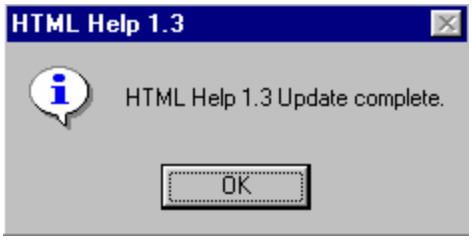
2.2.9 Microsoft HTML Help

1. Click on “Microsoft HTML Help.” This program will update your computer enabling you to view the help files in your web browser.

2. Click “Yes” to update “HTML Help.”

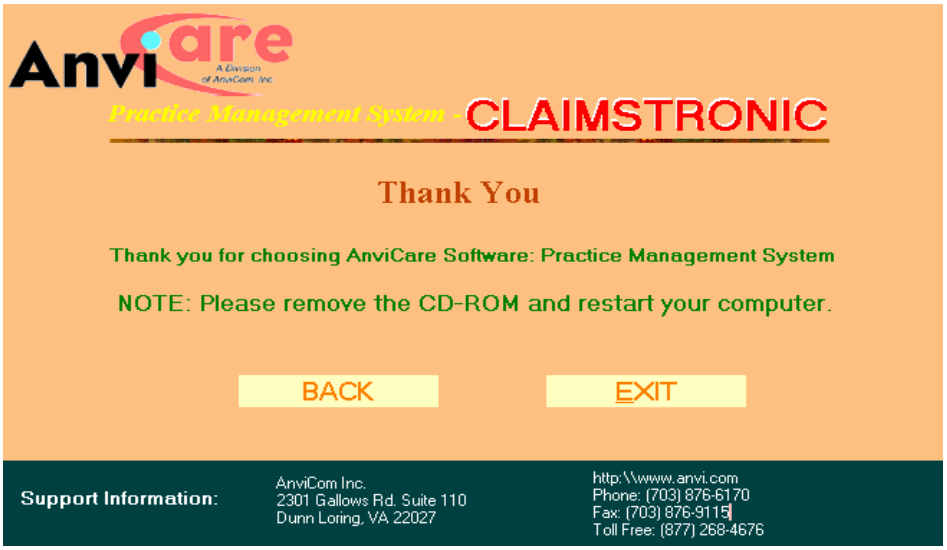


3. The installation of this component may take more several minutes. When completed click "OK." There is no need to restart your computer.



4. Click "Close" to get the "Exit" screen.

5. Click "Exit" to end the Claimstronic Installation program.



2.2.10 Creating Your User Account

After the installation, the **Claimstronic PMS System** icon will be added to your Windows desktop.

To create your user account:

1. Click on the **Claimstronic PMS System** icon (this is your first time to click the icon).

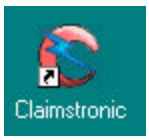
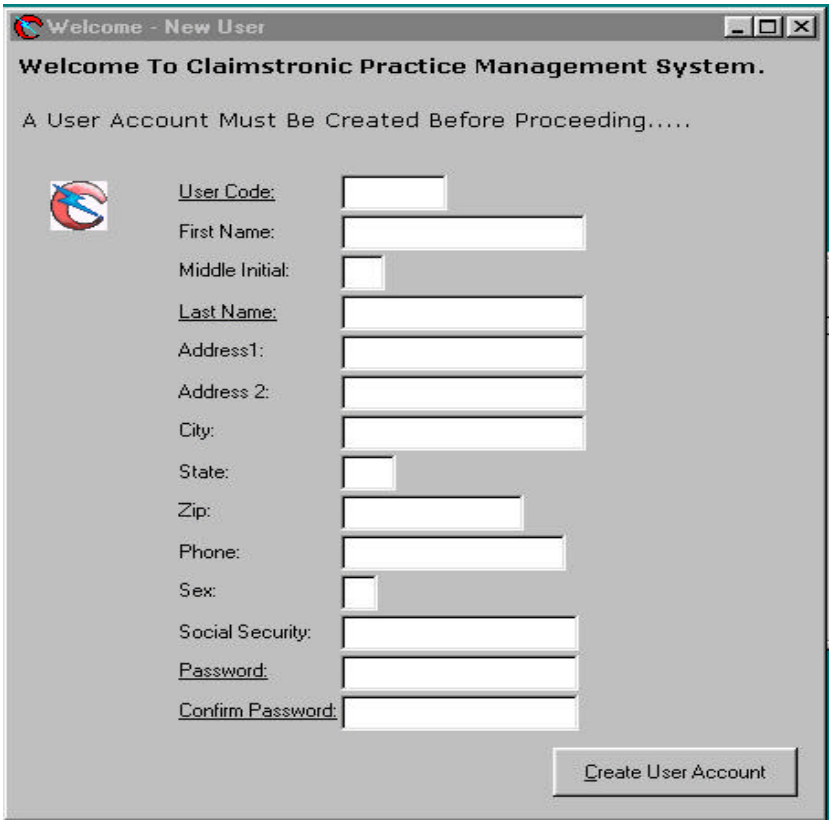


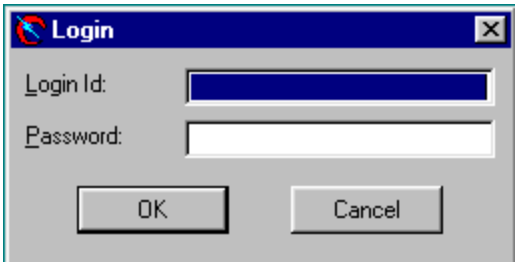
Figure 0-1. Claimstronic PMS System Icon

2. When the Welcome – New User screen appears, enter all requested information. Underlined items are minimum required fields.
3. After confirming your entries, click on the **Create User Account** button.

Note: *Remember your User Code. This will be your LOGIN ID.*



4. After you create your user account, the Login screen will now appear every time you start up Claimstronic PMS.



5. Enter your **LOGIN ID** and **password**, then click **OK** to login to the system.

3. Navigating the Claimstronic PMS Software

Claimstronic PMS is organized to simplify complex data entry procedures. Claimstronic PMS makes it easy to switch between practices, as well as between administrative data entry and system maintenance and reporting tasks. Common features are implemented across similar types of windows wherever possible.

3.1. System Functions

After you enter your **LOGIN ID** and password, the Claimstronic PMS main window appears.

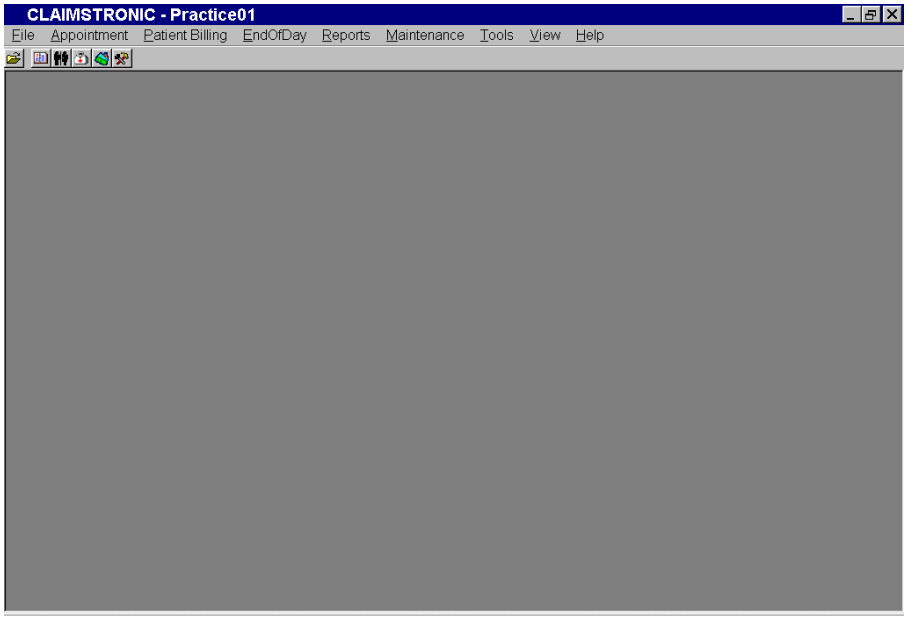


Figure 3-1. Claimstronic PMS Main Window

The main system functions are accessed via the menu pull-down lists or the shortcut icons on the toolbar.

3.1.1. Menu Bar

The Claimstronic PMS menu bar includes the following options:

File	Lets you select printers, modify system configuration and exit the application.
Appointment	Gets you into the Appointment Scheduler.
Patient Billing	Lets you select the data entry windows for Patient information, Payment information, and the Payment Ledger.
End Of Day	Offers windows to Process Paper Claims, Process Electronic Media Claims (EMC), produce a Journal Reports and perform a Ledger search by check number.
Reports	Lets you select from a number of reports the system can generate.
Maintenance	Provides direct access to the internal data tables.
Tools	Provides direct access to the routing sheet (superbill)
View	Lets you turn the tool bar on or off. It also lets you turn on or off the status bar at the bottom of the window that shows which Practice file you are working in along with the date and time.
Help	Presents a list of topics pertaining to Claimstronic PMS usage for which online documentation is available.

3.1.2 Toolbar

The Claimstronic PMS toolbar consists of the following icons:

Open icon - lets you select from among multiple practices, if the system is so configured.

Appointment icon - gets you into the Appointment Scheduler.

Patient icon – Provides access to the Patient/Guarantor Information window.

Claim icon – Provides access the Patient/Guarantor Window for bar code entries

Payment icon – Provides access to the Payment window.

File maintenance icon – Lets you perform system configuration, establish printer preferences, and other system administration tasks.

3.1.3. Additional Buttons

Close button – The function is similar to the Close box located in the upper-left corner of the active window. Clicking on this button will take you out of the active window.

Maximize button – Maximizes the active window into full window. If you have multiple windows open at the same time, clicking on this button will shrink your active window so you can view other windows at the same time.

Minimize button – Puts your window out of view and shrinks it into an icon on your status bar (i.e., the bar located at the bottom of your window), while it remains open.

3.2. The Patient/Guarantor Information Window

The Patient/Guarantor Information window is actually a set of up to seven windows that record patient, insurance, and claim information. In addition to a convenient set of tabs to help you move through each form as needed, the view also has a set of navigation and function keys in the lower left and lower right. If a field name is underlined, it is a required field and you are unable commit your entry until information has been entered.

To move from field to field, use the **Tab** key. Many of the fields have pull-down lists associated with them; such as those preceded by a button with an ellipsis ( ). Click on the button or press **F2** to access a pull-down list or a search window containing a list of options available for the selected field.

To edit an entry in a field proceeded by a button with an ellipsis ( ), simply press **F3**. This will lead you to the Add/Edit window available for the selected field. From this window, you can add a new entry or make your modifications.

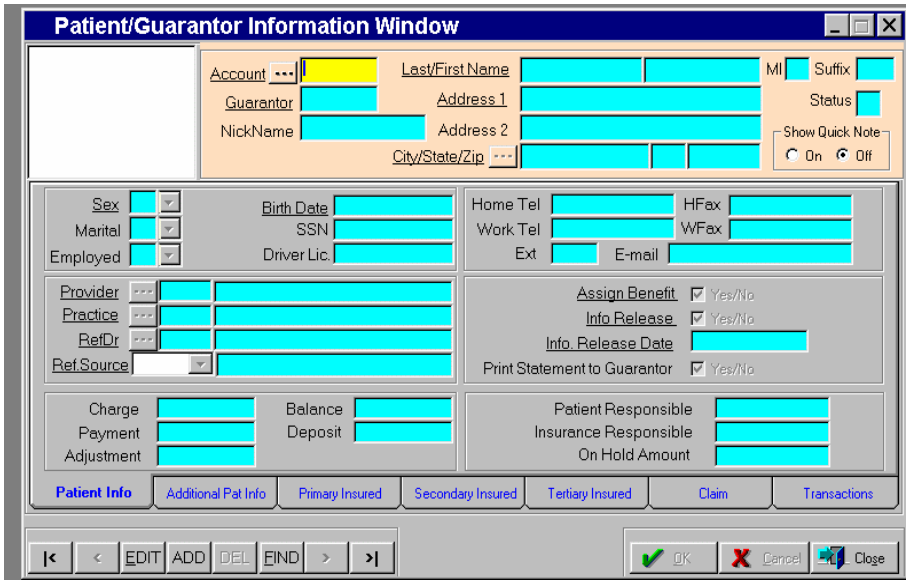


Figure 3-2. Patient/Guarantor Information Window

The **Patient/Guarantor Information Window** consists of the following commands:

The lower-left navigation and function keys appear only when the first two tabs (patient information) are in use. From left to right, they are used to:

- **(|<)** Goes to the very first patient record in the file.
- **(<)** Goes to the preceding patient record.
- EDIT the patient record.
- ADD a new patient record.
- (DEL) Delete a patient record.
- (FIND) Search for a patient record.
- (>) Goes to the next patient record.
- (>|) Goes to the last patient record in the file.
- (PATIENT INFO) Stores patient's personal demographics
- (ADDITIONAL PAT INFO) Stores patient notes and authorizations
- (PRIMARY INSURED) Stores primary insurance information
- (SECONDARY INSURED) Stores secondary insurance information
- (TERTIARY INSURED) Stores tertiary insurance information
- (CLAIM) Create, Edit and Store all claims data. Allows access to payment window
- (TRANSACTIONS) Itemized listing of transactions of all claims.
- (ROUTING SHEET) Allows the option of printing or viewing patient's encounter form
- (CHART LABEL) Allows the option of printing a chart label.
- (SHOW QUICK NOTE) Allows for storage of miscellaneous notes pertaining to patient.

The lower-right function keys become activated only when you are in the Patient Info page. When activated, these keys are used to:

- Commit or cancel any changes
- Close the Window

3.3. Maintenance Windows

All of the Claimstronic database Maintenance windows are standardized for easy use. For example, the layout, buttons, and sliders on the "Facility Table" shown below are just like the Maintenance windows for Practice, Physician, Diagnosis Code, and Procedure Code.

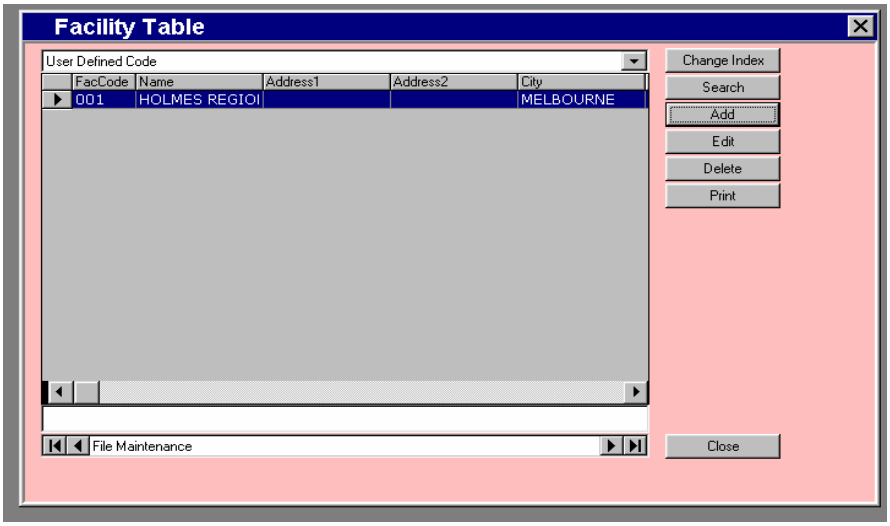


Figure 3-3. Facility Table Window

- The active record being viewed from the list in the table will be highlighted and indicated with an arrow.
- To view the complete record in the table, click on either arrow or slide the gray box at the bottom of the record list.
- To rapidly advance through the records in the file, use the bottommost arrows: Left arrows take you to the first record or the previous record; right arrows take you to the next record or the last record.
- The blank space in between the two navigation sliders is a search tool that functions the same as the Search button on the upper right. Type a term and press enter, and the system will reposition and highlight the first record located containing the search term.
- The **Change Index** button will re-sort the records in the table based on the category heading you specify.

  ***Note**: It does not re-order the columns.*

- The **Delete** button will remove the highlighted record.

  ***Note:** Use the **Delete** button cautiously-- you can't restore or undo.*

- The **Print** button will print out the table contents.
- The **Add** and **Edit** buttons present identically formatted windows with a different view of the record's data. For the Add window shown below, the entry fields will be blank. In the Edit window, you can change or overwrite the information in the entry fields.

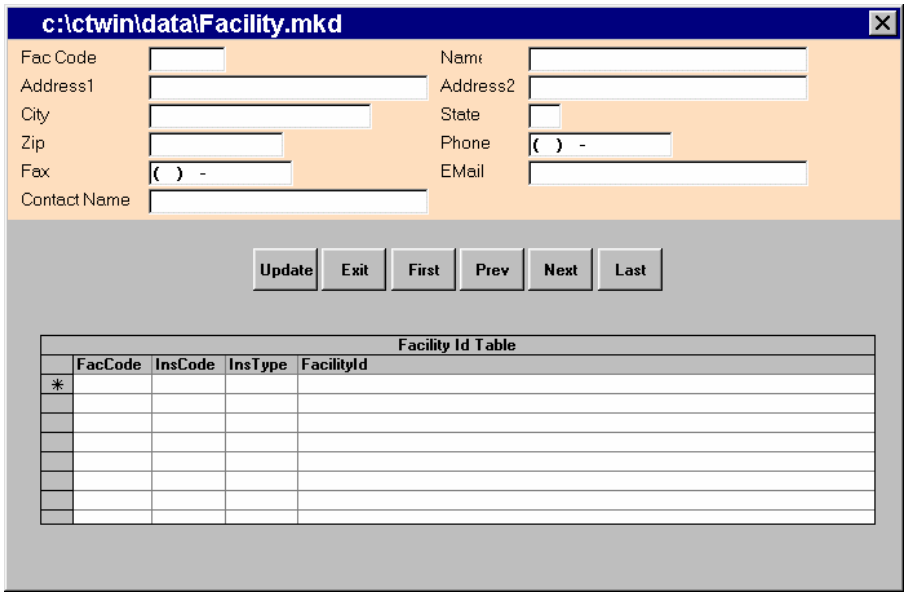


Figure 3-4. Add/Edit Window

- Function and navigation buttons specific to these windows (which appear on every Add/Edit window for all of the Maintenance windows) are:
  - **Update**- commits the changes you made while in the window
  - **Exit**- closes without committing your changes
  - **First**- finds and highlights the first record in the table
  - **Previous**- finds and highlights the previous record in the file
  - **Next**- finds and highlights the next record in the table
  - **Last**- finds and highlights the last record in the table.

3.4. The Report Generator

Although it produces a variety of reports, the Report Generator uses some common techniques to help you specify the range of dates, patients, or other pertinent criterion values. Most of them are used in the Statistics Report (shown in the following figure).

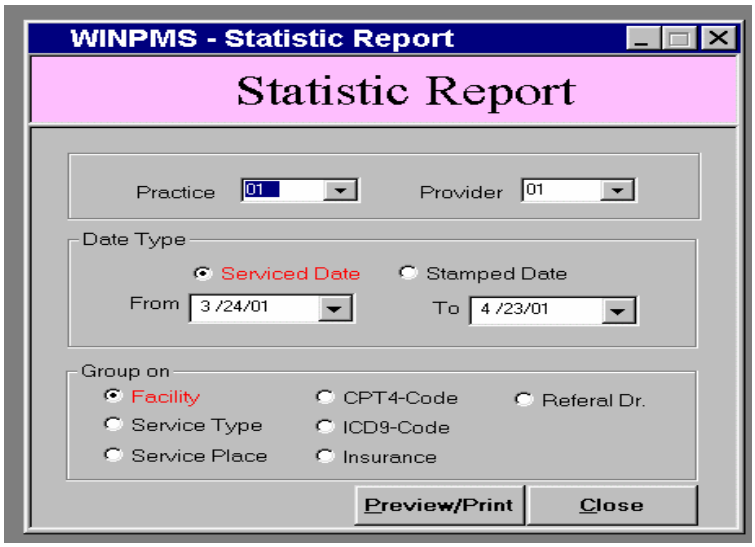


Figure 3-5. Statistic Report Window

- Radio buttons or pull-down lists are used extensively for your convenience.
- The **Print Preview** button lets you see the resulting report before you print it.

3.5. The Appointment Scheduler

The Appointment Scheduler main window highlights the current item in yellow. You can toggle between the grid and the calendar with the **Tab** key. To open a highlighted appointment, **Right Click** your mouse.

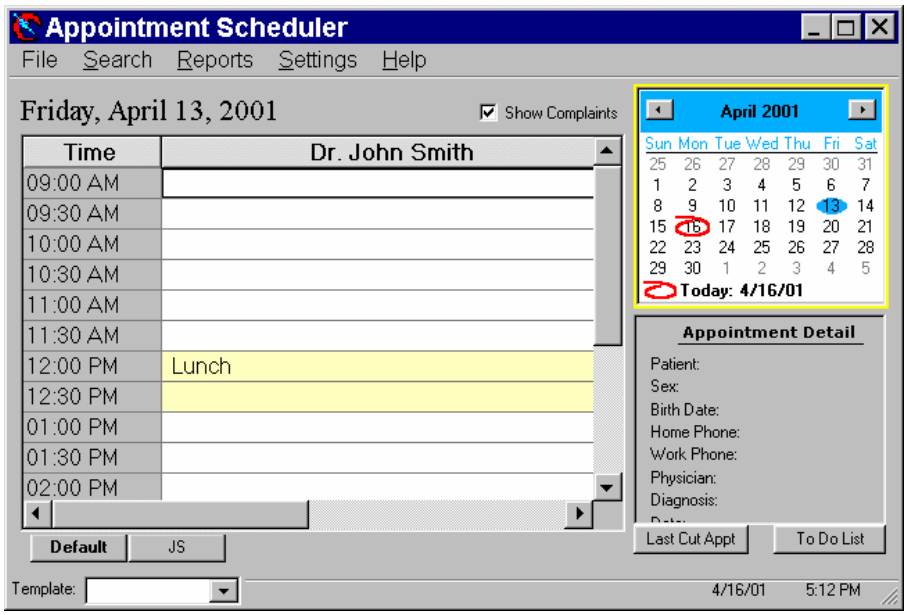


Figure 3-6. Appointment Scheduler Window

3.6. Claimstronic PMS Keyboard Shortcuts

F1	Will access the HELP section
F2	Will allow you to SEARCH within a field
F3	Will take you to the EDIT area of the maintenance window
F9	Will CLEAR the field
F10	Will SAVE an entry
ALT + TAB	Will switch you between open windows within different programs (ex. Patient Demographic Window and Appointment Scheduler)
CTRL + TAB	Will switch you between open windows within the same program (ex. Patient Demographic Window/Quick Notes and Pre-Copay List)
ALT + UNDERLINED LETTER	Will perform the function indicated within the window. (Ex. Alt+E (EDIT) in the Patient Demographic Window will open the account for editing).
HOME	Will return the cursor to Patient Account field
SHIFT + TAB	Will take you back to the previous field
TAB	Will advance you through the fields without saving any entries made
ENTER	Will advance you through the fields and save the entries made

4. System Setup and Customization

Initial setup requires identifying the users of the system; setting up databases for the individual practices you support as well as the physicians and facilities associated with each practice. Several of the system's data tables come pre-loaded for your convenience. However, you may add, delete, or modify items to the data tables to customize your system. Once the initial set-up is complete, information can be added, changed or deleted as required by day-to-day business operations.

4.1- System Configuration

The System Configuration table stores defaults for different areas of the program that will assist you during data entry. To begin the system setup, click on File from the task Claimstronic PMS menu bar and then choose Options. The following window will appear:

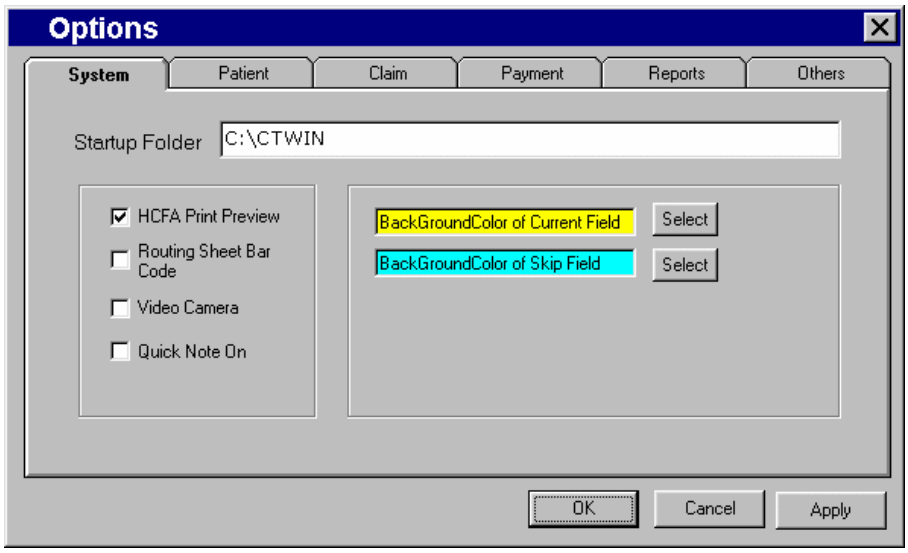


Figure 4-1. Options Menu-System Tab

4.1.1- System Tab

a. **Startup Folder**: This determines from which drive your data is stored and retrieved. This is determined during installation

b. **HCFA Print Preview**: Check this if you want to view your HCFA forms prior to printing and/or submitting electronically.

c. **Routing Sheet Bar Code**: Check this if you have chosen to utilize the Bar Code Scanner for charge entry. This function determines how your data is setup on the encounter form.

d. **Video Camera**: Check this if you have chosen to utilize the digital camera function for storing pictures of patients and/or their information.

e. **Quick Note On**: Check this if you want the patient's Quick Note function to be on at all times. You have an override option in the patient's demographics to turn the function off.

f. **Background Color**: You have the ability to customize the background colors of your current and skipped data entry fields in the patient demographics screen. Click on the "select" option and choose a color from the color box that appears.

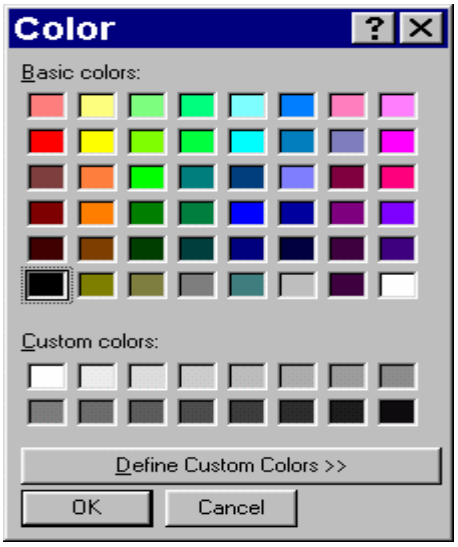


Figure 4-2. Options Menu-System Tab-Background Color Palette

Note: Choosing a dark color may make it difficult to read the information within the patient fields

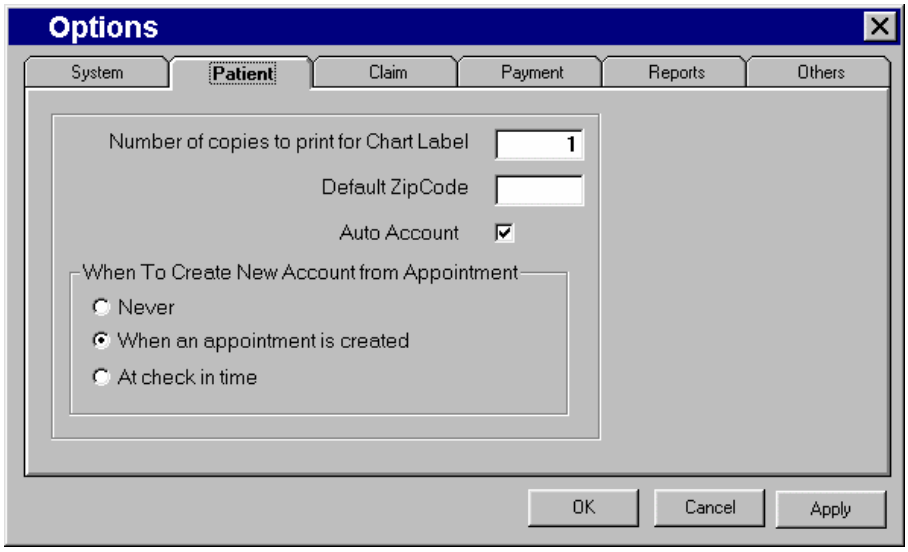


Figure 4-3. Options Menu –Patient Tab

4.1.2- Patient Tab

a. **Number of copies to print for Chart Label**: If you have chosen to utilize the label print option, indicate the number of labels you wish to print for each patient account.

b. **Default Zip Code**: This allows you to enter the most common zip code for your area

c. **Auto Account**: Check this box if you want Claimstronic PMS to automatically assign patient account numbers. If you have a customized numbering system Claimstronic PMS will allow you to enter the customized number manually.

d. **When To Create New Account from Appointment**: This option allows you to determine at what point a New Patient Account can be created.

   1. Never: Choosing this option indicates to the system that all new patient accounts will be entered manually.

   2. When an appointment is created: Choosing this option indicates to the system to create a temporary new patient account when an appointment is created in the Appointment Scheduler. You will have an option to complete all the data at that time or return to the account later.

   3. At check in time: Choosing this option indicates to the system to create a temporary new patient account when the patient has been checked as “arrived for appointment” in the Appointment Scheduler. You will have an option to complete all the data at that time or return to the account later.

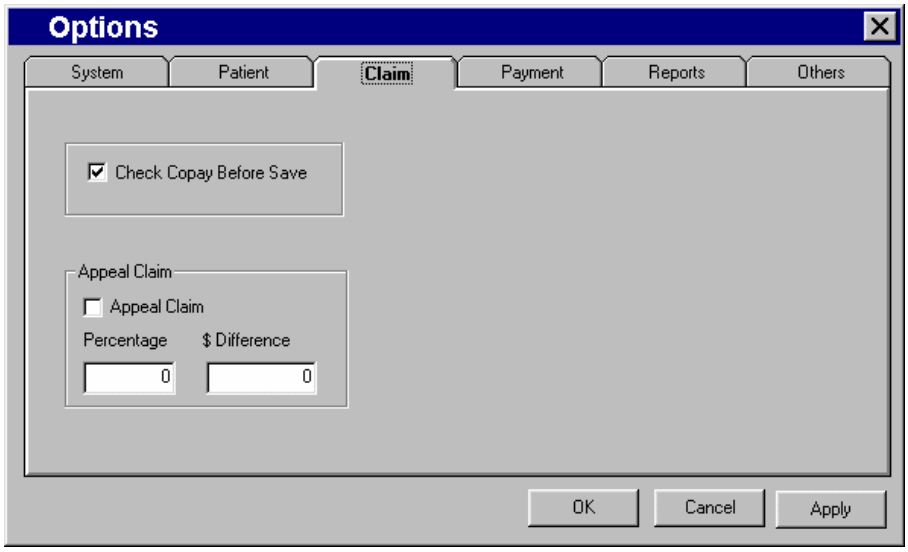


Figure 4-4. Options Menu-Claim Tab

4.1.3-Claim Tab

a. **Check Copay Before Save**: Check this to prompt Claimstronic PMS to ask if you want to post the patient's copay prior to saving charge entry information. You must also indicate in the patient's demographics what the copay amount is.

b. **Appeal Claim**: Claimstronic PMS has the ability to prompt for an appeal of a claim if a payment is not within the parameters you have set. Indicate a **Percentage** and **Dollar Amount** in the appropriate boxes. If during payment posting these parameters are not met, Claimstronic PMS will ask if you wish to appeal the claim. The information will then be dropped into the Claims Appeal Report (refer to Section 8.10 Appeal Claim Report).

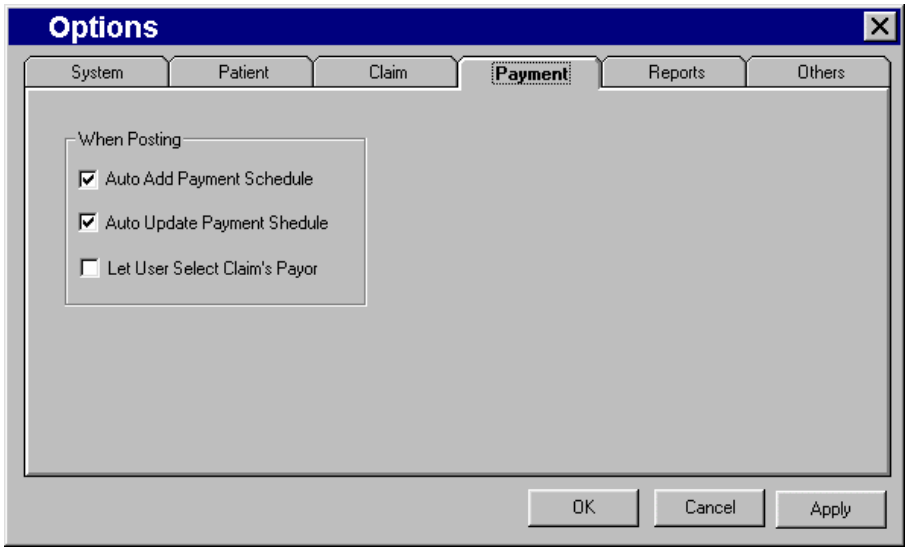


Figure 4-5. Options Menu-Payment Tab

4.1.4- Payment Tab:

a. **Auto Add Payment Schedule**: Claimstronic PMS has the capability of building a payment fee schedule for various insurance plans. Choosing this option prompts Claimstronic PMS to add the dollar amount posted from an insurance company directly to the Procedures Table (refer to section 4.3.2-Procedure Table and section 4.4.1-Insurance Codes)

b. **Auto Update Payment Schedule**: Check this function if you want Claimstronic PMS to update your payment fee schedule during payment posting. This function will override the existing dollar amount in the fee schedule.

c. **Let User Select Claim's Payor**: Checking this option will allow you to choose which payor paid on an account. This option is useful when an account has multiple insurance companies.

4.1.5-Reports Tab: Reserved for future use

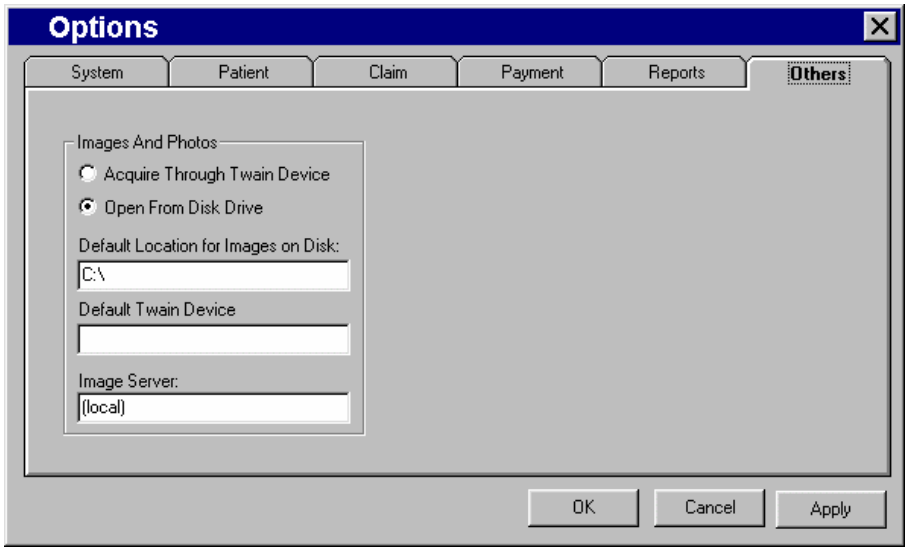


Figure 4-6. Options Menu-Others Tab

4.1.6-Others Tab:

a. **Images and Photos**: If you have chosen the to utilize the digital camera and/or the scanning function, this tab determines where your pictures are stored within Claimstronic PMS .

After you have completed your configuration, click “Apply” and “OK”. You have the option to turn any of these functions off or on at anytime.

4.2 Adding or Deleting a User Account

The "User Account" contains the User Name and Password necessary for logging on to the Claimstronic PMS.

To add a user account:

1. From the Claimstronic PMS menu bar, click on **Maintenance** and select **User Info** from the pull-down menu list.

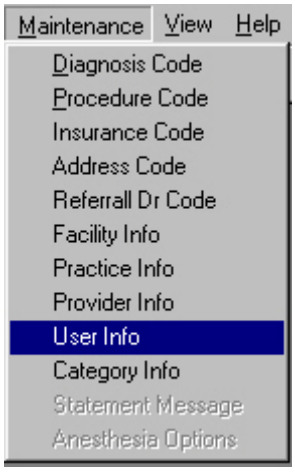


Figure 4-7. Maintenance Menu – User Info Option

2. From the User Info Table window(see **Figure 4-2**) click on **Add**.

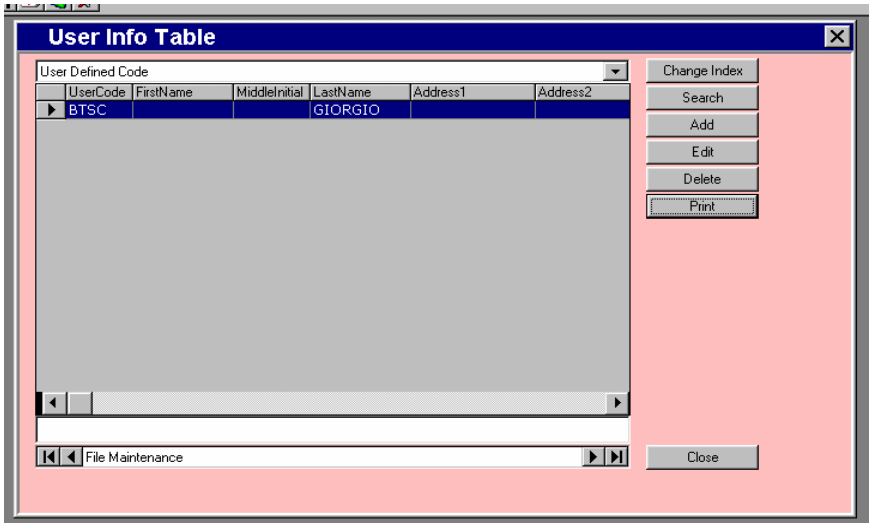


Figure 4-8. Selecting "Add" from the User Info Table Window

3. Enter all the information required, then click on **Update**.

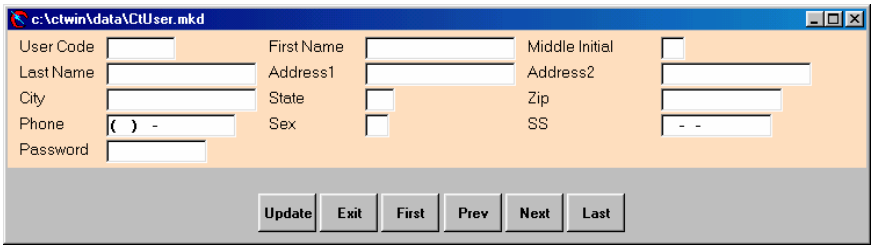


Figure 4-9. Add User Info Window

To delete a user account:

1. From the Claimstronic PMS menu bar, click on **Maintenance** and select **User Info** from the pull-down menu list (see **Figure 4-1**).
2. From the User Info Table window(see **Figure 4-2**), highlight the account that you want to delete, and click on **Delete**.
3. When the selected account has been removed from the User Info Table screen, click on **Close**.

4.2.1 Changing Your User Information

To change your user information:

1. From the Claimstronic PMS menu bar, click on **Maintenance** and select **User Info** from the pull-down menu list (see **Figure 4-1**)
2. From the User Info Table window(see **Figure 4-4**), highlight the user record to be changed and click on **Edit**.

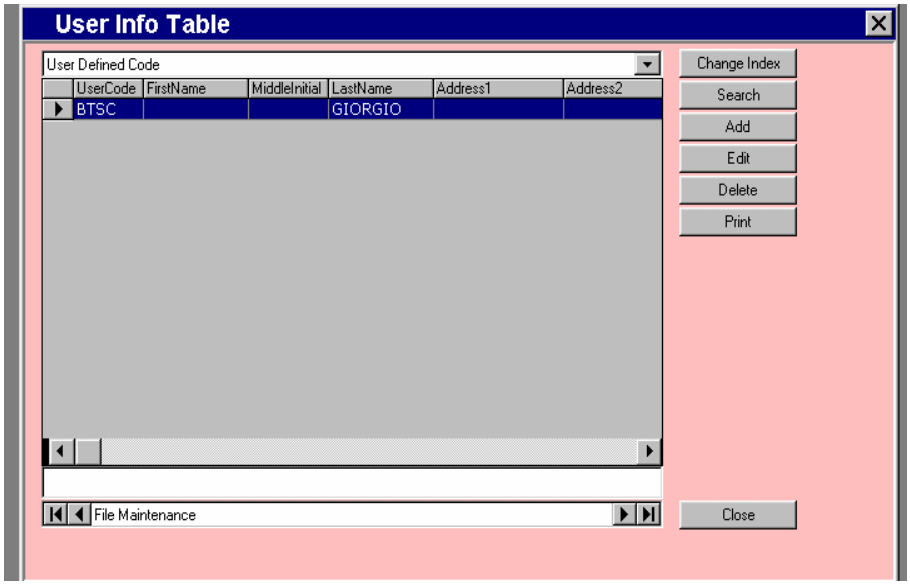


Figure 4-10. Selecting "Edit" from the User Info Table Screen

3. After you click on **Edit**, the Edit window for the selected user record will appear on your screen. The Edit window will allow you to change the user information, except for the User Code information. To move from one user account to another, click on the **First**, **Prev**, **Next**, or **Last** button. Make your changes, and click on **Update** to commit them.

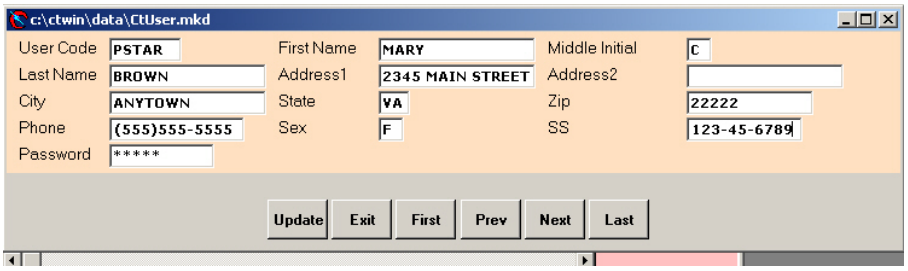


Figure 4-11. Edit User Info Window

4. Enter all the information required, then click on **Update**.

4.3 Customizing Data Tables

Efficient operation of Claimstronic PMS relies heavily on usage of data codes. Claimstronic PMS comes pre-loaded with tables containing industry-standard Common Procedural Terminology 4th Edition (CPT-4) Procedure Codes, Internal Classification of Diseases 9th Revision (ICD-9) Diagnosis Codes, and City/State/Zip address codes. You may modify, add, or customize the data tables found in this application according to your practice needs. You can also attach mnemonic or practice-specific alphanumeric codes to each entry in any of these tables. These customizations are performed using the functions on the **Maintenance** pull-down menu.

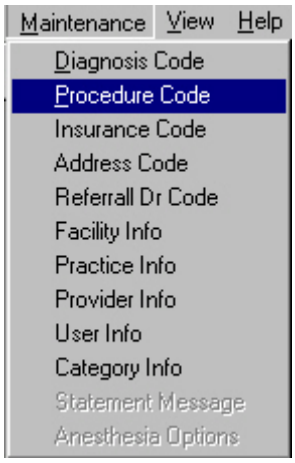


Figure 4-12. Maintenance Menu Pull-down List

4.3.1 Diagnosis Table

Claimstronic PMS comes pre-loaded with thousands of ICD-9 Diagnosis Codes. When you select **Diagnosis Code** from the Maintenance pull-down menu, a window similar to the one shown in the following figure appears.

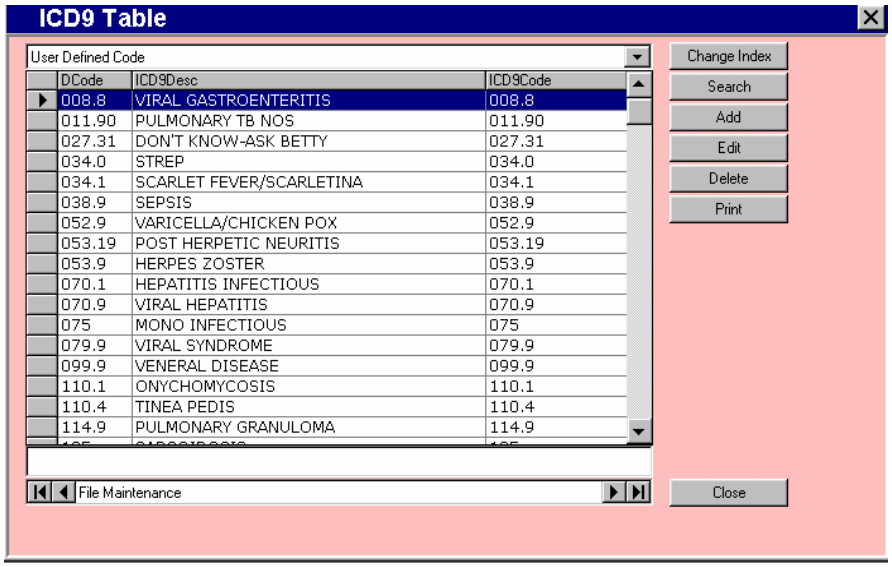


Figure 4-13. ICD-9 Table Screen

To customize the Diagnosis Code table and make it more manageable, you may do any of the following:

- Identify the codes that are most relevant to your practice(s).
- Use **Search** to quickly locate a code.
- Use **Edit** to create user codes (D codes) for often-used items.
- Use **Change** Index to sort the records in a way that is most useful.
- Click the appropriate button to add or edit a record. To enter a new record, click on **Add**. To overwrite a record, click on **Edit**. The same window appears for both functions.
- To move from one record to another, click on **First**, **Prev**, **Next**, or **Last**.

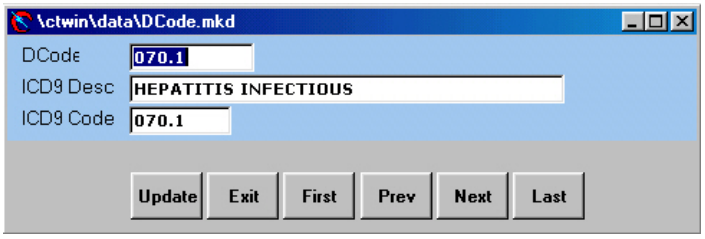


Figure 4-14. Add/Edit ICD-9 Record Window

DIAGNOSIS CODE DATA ITEMS

DCODE — This is the code you will key to the patient's account to designate the diagnosis during Charge Entry. This does not print on the insurance claim form.

ICD9 DESC — The code description that appears in the Charge Entry screen.

ICD9 CODE — The code the practice uses for insurance filing.

After you have made your entries/changes, click on **Update**.

4.3.2 Procedure Table

Claimstronic PMS comes pre-loaded with thousands of CPT-4 Procedure Codes. To view these codes, select **Procedure Code** from the Maintenance Menu pull-down list. The CPT-4 codes list appears as follows:

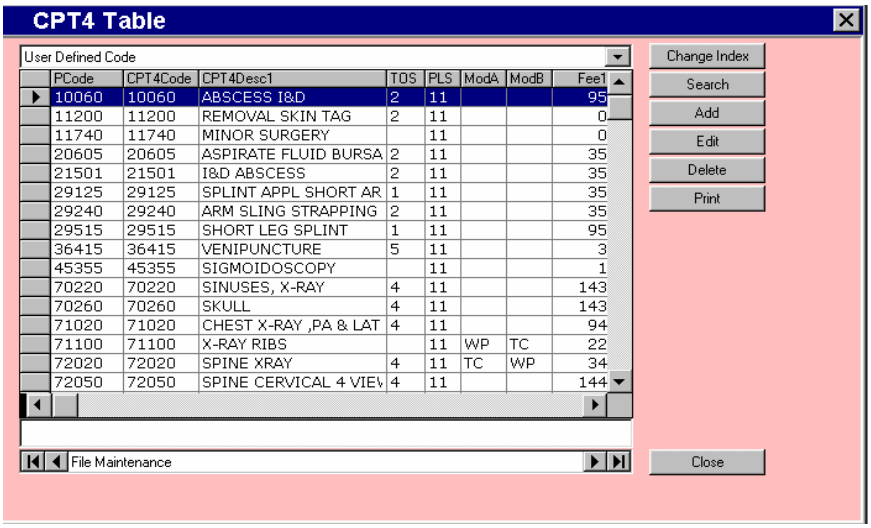

CPT4 Table
User Defined Code
Change Index
Search
Add
Edit
Delete
Print
Close
File Maintenance
PCode CPT4Code CPT4Desc1 TOS PLS ModA ModB Fee1
10060 10060 ABSCESS I&D 2 11 95
11200 11200 REMOVAL SKIN TAG 2 11 0
11740 11740 MINOR SURGERY 11 0
20605 20605 ASPIRATE FLUID BURSA 2 11 35
21501 21501 I&D ABSCESS 2 11 35
29125 29125 SPLINT APPL SHORT AR 1 11 35
29240 29240 ARM SLING STRAPPING 2 11 35
29515 29515 SHORT LEG SPLINT 1 11 95
36415 36415 VENIPUNCTURE 5 11 3
45355 45355 SIGMOIDOSCOPY 11 1
70220 70220 SINUSES, X-RAY 4 11 143
70260 70260 SKULL 4 11 143
71020 71020 CHEST X-RAY ,PA & LAT 4 11 94
71100 71100 X-RAY RIBS 11 WP TC 22
72020 72020 SPINE XRAY 4 11 TC WP 34
72050 72050 SPINE CERVICAL 4 VIEV 4 11 144

Figure 4-15. CPT-4 Table Screen

To customize the Procedure Code table and make it more manageable, you may do any of the following:

- Identify the codes that are most relevant to your practice(s).
- Use **Search** to quickly locate a procedure code.
- Use **Edit** to create user codes (**PCode**) for often-used items, or to complete the information necessary for customizing the procedure code table. this may include associate fees with procedures, and data associated with each procedure that varies with different insurance carriers.
- Use **Change Index** to sort the records in a way that is most useful.
- Click the appropriate button to add or edit a record. To enter a new record, click on **Add**. To overwrite a record, click on **Edit**. Then click on **Update**. The same window appears for both functions.

  To move from one record to another, click on **First**, **Prev**, **Next**, or **Last**.

  After you make your entries/changes, click on **Update**.

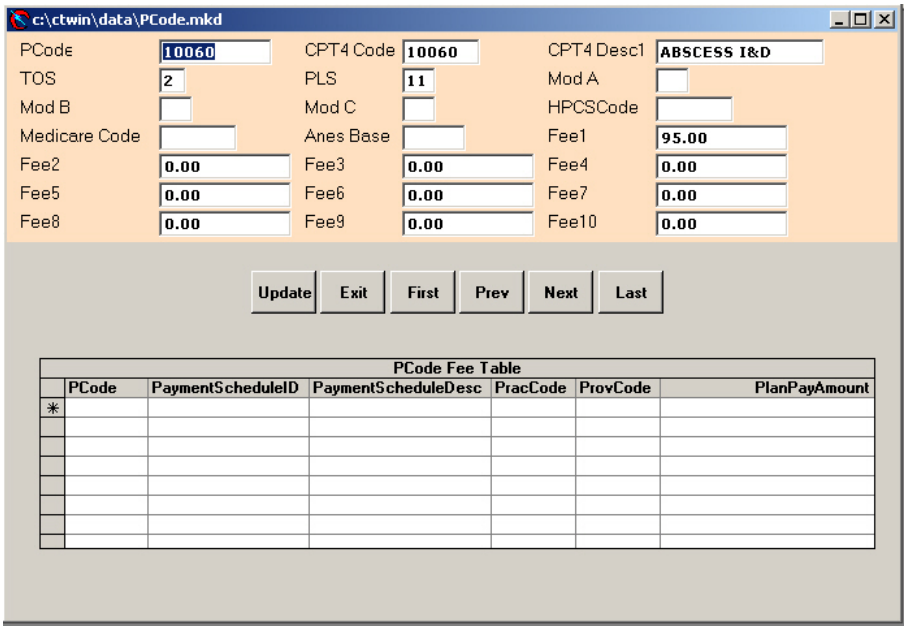


Figure 4-16. Add/Edit CPT-4 Record Window

PROCEDURE CODE DATA ITEMS

PCODE	This is the code you will key to the patient's account to designate the procedure during Charge Entry. This does not print on the insurance claim form.
CPT4 CODE	Current Procedural Terminology/The five digit code the practice uses for insurance filing.
CPT4DESC1	The code description that appears in the Charge Entry screen.
TOS	Type of Service/ Press "F2" to retrieve a list of service options.
PLS	Place of Service/ Press "F2" to retrieve a list of service options.
MOD A-C	Modifier/ To permanently assign a modifier to a procedure/ enter the modifier here/ you also have the ability to assign a modifier during Charge Entry.
HCPCS CODE	HCFA Common Procedural Coding System/ The five digit code used to describe physician services not included in CPT/These codes usually begin with an alpha character followed by four digits.

PROCEDURE CODE DATA ITEMS CONT.,

MEDICARE CODE	Same as HCPCS code.
ANES BASE	Base unit of time for anesthesia code.
FEE 1-10	These fields contain the physician charges/If you use more than one Fee Schedule; you can specify which fee to charge an insurance in the Insurance Table.
PCODE FEE TABLE This area is utilized to create individual Payment Fee Schedules for various Insurance Companies. If you chose to Auto Add Payment Schedule or Auto Update payment Schedule, complete all fields except "PlanPayAmount".	
PCODE	This code should duplicate the "PCODE" of the procedure you are creating.
PAYMENT SCHEDULE ID	This code should duplicate the "PAYMENT SCHEDULE ID" assigned in the Insurance Table. This code is used to link the procedure code and insurance company together. ***(See Section 4.4.1-Insurance Codes)***
PAYMENT SCHEDULE DESC	This field is not used at this time.
PRAC CODE	Practice Code/Assign the appropriate practice code for this Plan Agreement.
PROV CODE	Provider Code/ Assign the appropriate physician code for this Plan Agreement.
PLAN PAY AMOUNT	You may leave this field blank or enter the negotiated payment amount for this insurance company.

4.3.3 Address Table

The Address Table speeds the completion of city/state/zip fields in the various Claimstronic PMS screens that require address input. Claimstronic PMS comes pre-loaded with a list of addresses that can be modified using the Add, Edit and Delete commands.

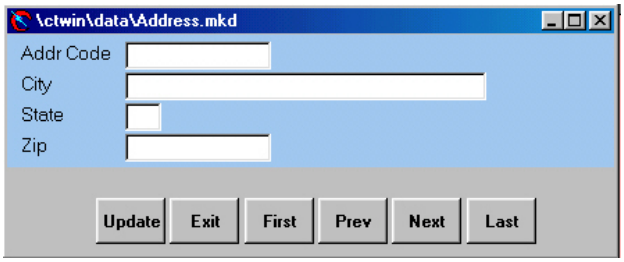


Figure 4-17. Add/Edit Address Record Window

To customize the Address Code table and make it more manageable, you may do any of the following:

- Use **Search** to quickly locate a particular city/state/zip combination.
- Click the appropriate button to add or edit a record. To enter a new record, click on **Add**. To overwrite a record, click on **Edit**. The same window appears for both functions.
- Most practices use the zip code as the **AddrCode** for data entry.
- To move from one record to another, click on **First**, **Prev**, **Next**, or **Last**. After you made your entries/changes, click on **Update**.

> ***Note:*** *Address codes can also be added from within the Patient Data Entry screens. Refer to* ***Section 6 – Daily Data Entry Processes*** *for more information.*

4.4 Customizing Practice-Specific Data Tables

The most intensive set-up task involves loading the data tables that are specific to your practice(s) unless, the AnviCare staff has performed a custom data conversion or provided you with a conversion program. The practice-specific data tables can be accessed from the **Maintenance** pull-down on the menu bar, via the following commands:

- **Insurance Code.** Select this command to create a record for each of the major insurance carriers to whom you submit claims.
- **Facility Info.** Locations other than the doctor's office or the patient's home where services or procedures that are being billed were performed, such as hospitals, nursing homes, clinics.
- **Practice Info.** Records basic business and insurance information. Claimstronic PMS can support multiple practices, and keeps track of which providers are members, which insurances are accepted, network Ids, and which clearinghouses each uses for submitting claims.
- **Provider Info.** The most commonly needed information about the doctor(s) in the practice(s) for whom patient files are maintained and for whom charges are created.
- **Referral Doctor Code.** This information is not only required for claims, but serves as a useful mailing list.

For each, you use the standard Maintenance commands to rapidly enter the required data. **A thorough job done up-front on each of these tables saves hours of repeated data entry (and increased potential for errors) during daily business operations.** You can always return to any table to add, delete, or change any of this information as required. To customize the practice-specific data tables, do the following procedures:

1. Select the desired data table from the **Maintenance** Menu pull-down list.
2. Select **Add** from the Table window of the selected data table.
3. Enter the required data, then click on **Update** to commit your entries/changes.
4. Click on **Next** to add a new record.
5. Click on **Exit** to exit the Add/Edit window and proceed to your other tasks.

4.4.1 Insurance Codes

The following window appears when you select **Insurance Code** from the Maintenance Menu pull-down list.

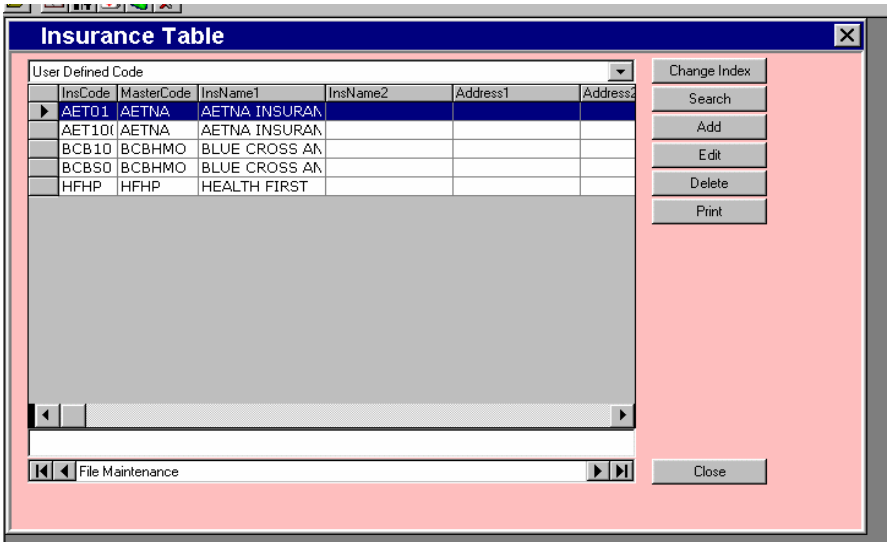


Figure 4-18. Insurance Table Screen

To customize the Insurance Table:

1. Click the appropriate button to add or edit a record. To enter a new record, click on **Add**. To overwrite a record, click on **Edit**. The same window appears for both functions.

   To move from one record to another, click on **First**, **Prev**, **Next**, or **Last**.

   Use the vertical scroll bar to access the remaining fields in the screen.

2. After you made your entries/changes, click on **Update**.

3. Click on **Exit** to close the window.

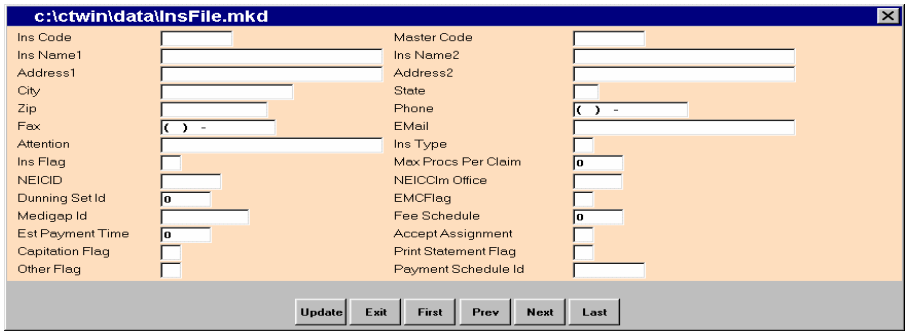


Figure 4-19. Add/Edit Insurance Record Window

INSURANCE TABLE DATA ITEMS

INS CODE	The code assigned that will be used to designate this insurance company assigned to a patient's account.
MASTER CODE	This code is utilized to link all multiple insurance addresses to the same company and/or product. This is also used as the "Payment Schedule ID" and is necessary for linking the insurance company to the procedure code table.
INS NAME 1	The name of the insurance company.
INS NAME 2	Additional insurance name field.
ADDRESS 1	The address in which the claim is filed.
ADDRESS 2	Additional insurance address field.
CITY	The city associated with the insurance company.
STATE	The state associated with the insurance company.
ZIP	The zip associated with the insurance company.
PHONE	The phone number associated with the insurance company.
FAX	The fax number associated with the insurance company.
EMAIL	The email address associated with the insurance company.
ATTENTION	The provider relations and/or claims personnel associated with the insurance company.
INS TYPE	Press "F2" for a list of options for designating the type of insurance product. (Medicare, BCBS, HMO, etc)
INS FLAG	Not used at this time.
MAX PROCS PER CLAIM	Maximum number of line items per insurance claim form.
NEIC ID	The number assigned by the insurance company designating acceptance of electronic claims. (Also known as the Payor ID)

INSURANCE TABLE DATA ITEMS CONT.,

NEIC CLM OFFICE	Additional number assigned by the insurance company for electronic submission of claims.
DUNNING SET ID	Identification number that links the insurance company to the Statement (Dunning) Messages. Refer to **Section 4.9 Statement (Dunning) Message Setup.**
EMC FLAG	"Y" designates to send the insurance claims electronically. "N" designates the insurance claim to be printed at the office.
MEDIGAP ID	The number assigned by Medicare for insurance companies the have automatic crossover for secondary claims.
FEE SCHEDULE	Assign the appropriate "FEE SCHEDULE" created in the "PROCEDURE CODE" to assign the correct charge amount.
EST PAYMENT TIME	The time period in which an insurance company proposes to pay their claims.
ACCEPT ASSIGNMENT	The provider agrees to submit and accept on the patient's behalf payment of claims as well as any other contractual obligations.
CAPITATION FLAG	This designates the insurance plan as having a "Capitated Arrangement" with the provider.
PRINT STATEMENT FLAG	Designates if the patient is to receive a statement for the insurance company.
OTHER FLAG	Not used at this time.
PAYMENT SCHEDULE ID	The same as the "MASTER CODE" in the insurance table and the "PAYMENT SCHEDULE ID" in the procedure code table. Links the Insurance Company and the Procedure Code to maintain and/or build the Insurance Payment plan Schedule.

4.4.2 Facility Information

The following window appears when you select **Facility Info** from the Maintenance Menu pull-down list.

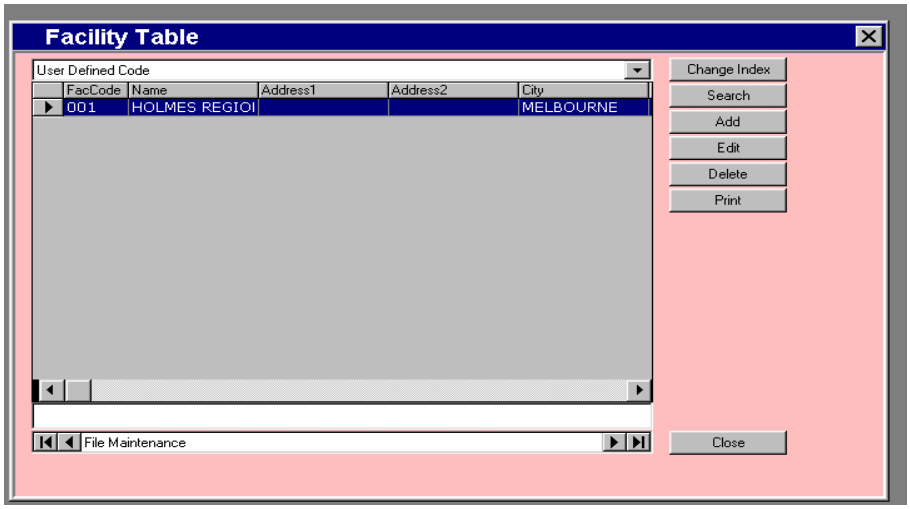


Figure 4-20. Facility Table Screen

To customize the Facility Table:

1. Click the appropriate button to add or edit a record. To enter a new record, click on **Add**. To overwrite a record, click on **Edit**. The same window appears for both functions.

   To move from one record to another, click on **First**, **Prev**, **Next**, or **Last**.

2. **FacCode** is the code assigned to designate the facility that the physician will use to treat the patient.

3. **Facility ID Table** is used to store payor assigned identification numbers. (ex. UPIN, etc)

4. Complete the requested information for any location where your physicians deliver services, then click on **Update**.

5. Click on **Exit** to close the window.

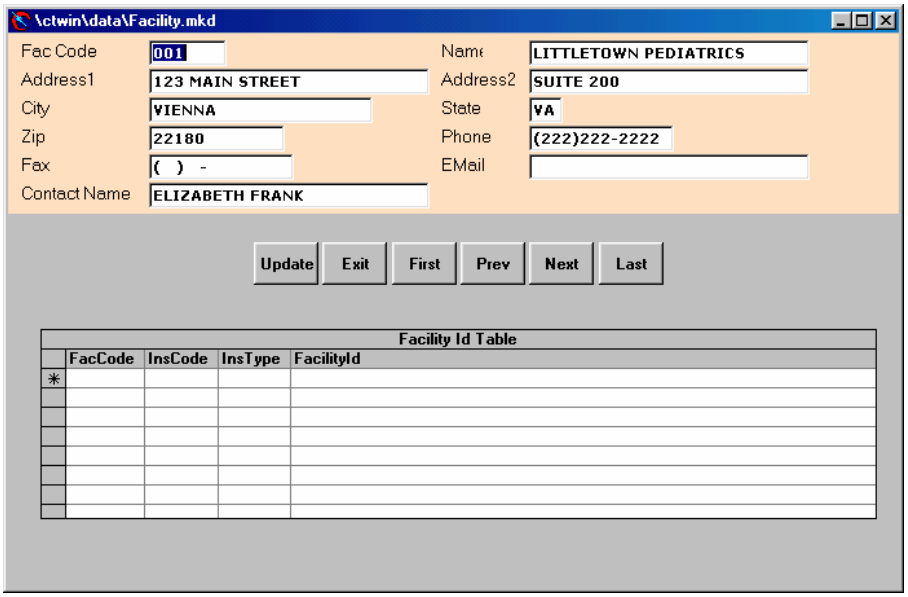


Figure 4-21. Add/Edit Facility Data Window

Note: *Do not forget the carrier-specific information needed in the lower table.*

FACILITY ID TABLE DATA ITEMS

FAC CODE The code assigned to the facility that the physician will use to treat the patient.

INS CODE Duplicate of the "INS CODE" assigned in the "Insurance Table".

INS TYPE Designates the insurance type. (commercial, Medicare, etc.)

FACILITY ID The unique identification number assigned by the payor for this facility.

4.4.3 Practice Information

The following window appears when you select **Practice Info** from the Maintenance Menu pull-down list.

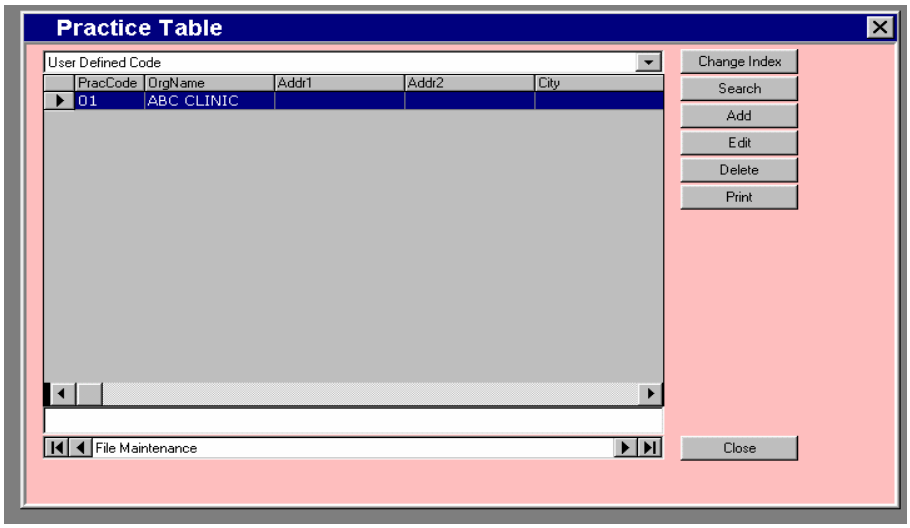


Figure 4-22. Practice Table Screen

To customize the Practice Data Table:

4. Click the appropriate button to add or edit a record. To enter a new record, click on **Add**. To overwrite a record, click on **Edit**. The same window appears for both functions.

   To move from one record to another, click on **First**, **Prev**, **Next**, or **Last**.

5. Complete the requested information for each of the practices, then click on **Update**.

6. Click on **Exit** to close the window.

To add the provider's DEA and Medical License numbers:

1. In the **Provider/Insurance ID Table,** insert the assigned **PracCode.**

2. If applicable, type in the **InsCode** that requires the license number for filing insurance.

3. Type in the license name in the **InsType** field.

4. In the **NetworkID** type in the license number.

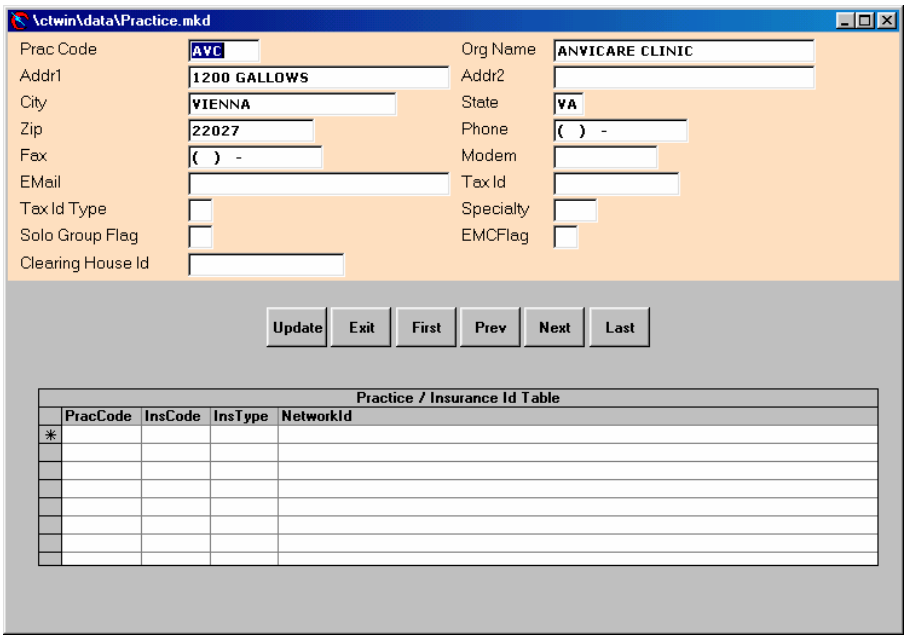


Figure 4-23. Add/Edit Practice Record Window

PRACTICE TABLE DATA ITEMS

PRAC CODE	The code assigned to identify the various locations within your practice.
ORG NAME	The name of your practice.
ADDR1	The address associated with the practice site.
ADDR2	Additional address associated with the practice site.
CITY	The city associated with the practice site.
STATE	The state associated with the practice site.
ZIP	The zip associated with the practice site.
PHONE	The phone associated with the practice site.
FAX	The fax associated with the practice site.
EMAIL	The email associated with the practice site.
TAX ID	The identification number assigned to your practice. (Tax Identification Number or Social Security)
TAX ID TYPE	The code used to designate if your identification number is a Federal ID Number or Social Security.

PRACTICE TABLE DATA ITEMS CONT.,

SPECIALTY	Only applicable if the practice is a single specialty practice.
SOLO GROUP FLAG	Identifies the practice as a solo or group practice/Press "F2" for a list of options.
EMC FLAG	"Y" indicates the practice will electronically file insurance claims.
CLEARING HOUSE ID	Electronic code assigned by Freeclaims.com.
PRACTICE/INSURANCE ID TABLE	
PRAC CODE	The code assigned to identify the various locations within your practice.
INS CODE	The insurance code assigned in the Insurance Table for the plan that has designated a "Network ID" specific for this practice.
INS TYPE	Designates the insurance type. (commercial, Medicare, etc.)
NETWORK ID	The unique "Network Identification Number" assigned to your practice. (BCBS, UPIN, etc)

4.4.4 Provider Information

The following window appears when you select **Providers Info** from the Maintenance Menu pull-down list.

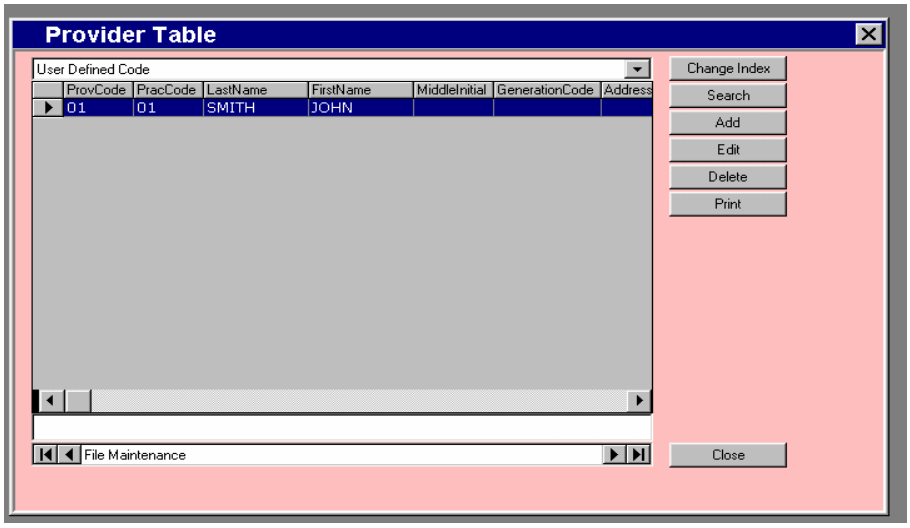


Figure 4-24. Provider Table Screen

To customize the Provider Data Table:

1. Click the appropriate button to add or edit a record. To enter a new record, click on **Add**. To overwrite a record, click on **Edit**. The same window appears for both functions. To move from one record to another, click on **First**, **Prev**, **Next**, or **Last**.
2. Complete the requested information for all the physicians in each of the practices being support by the Claimstronic PMS system, then click on **Update**.
3. Click on **Exit** to close the window.

To add the provider's DEA and Medical License numbers:

5. In the **Provider/Insurance ID Table,** insert the assigned **ProvCode** and **PracCode.**

6. If applicable, type in the **InsCode** that requires the license number for filing insurance.

7. Type in the license name in the **InsType** field.

8. In the **NetworkID** type in the license number.

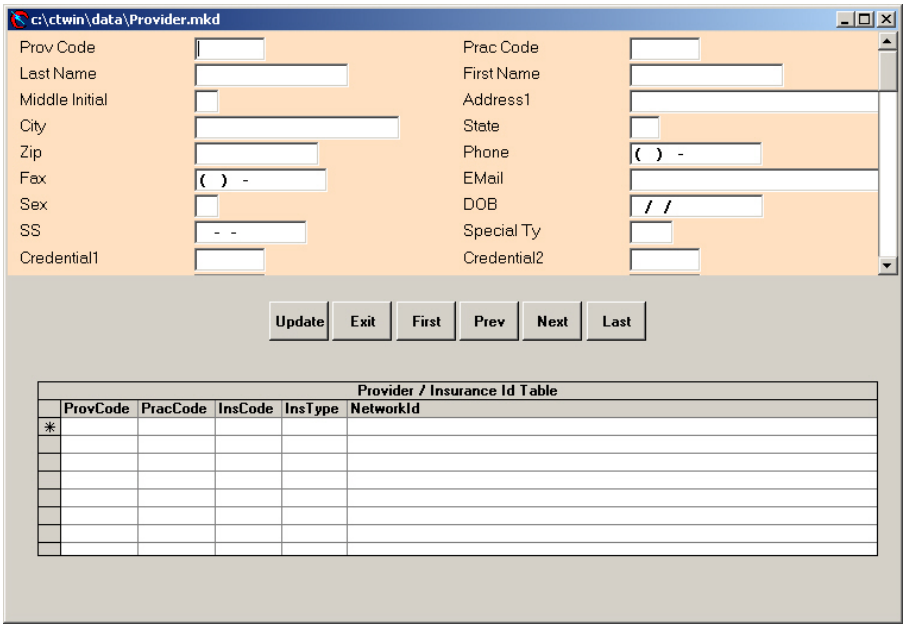


Figure 4-25. Add/Edit Provider Record Window

PROVIDER TABLE DATA ITEMS

PROV CODE	The code assigned to the provider for the practice location.
PRAC CODE	The practice code assigned for the various practice locations.
LAST NAME	Physician's last name.
FIRST NAME	Physician's first name.
MID INTL	Physician's middle initial.
ADDRESS 1	Either home or office address for the physician.
CITY	City associated with physician's address.
STATE	State associated with physician's address.
ZIP	Zip code associated with physician's address.
PHONE	Phone number associated with physician's address.
FAX	Fax number associated with physician's address.
EMAIL	Email address associated with physician's address.
SEX	Male or Female
DOB	Physician's date of birth.

PROVIDER TABLE DATA ITEMS CONT.,

SS#	Physician's social security number.
SPECIALTY	Physician's practicing specialty.
CREDENTIAL1	Physician's professional credentials (MD, PHD, etc.)
CREDENTIAL2	Physician's professional credentials (MD, PHD, etc.)
CREDENTIAL3	Physician's professional credentials (MD, PHD, etc.)
CREDENTIAL4	Physician's professional credentials (MD, PHD, etc.)
CREDENTIAL5	Physician's professional credentials (MD, PHD, etc.)
ACCEPT ASSIGNMENT	The provider agrees to submit and accept on the patient's behalf payment of claims as well as any other contractual obligations.
ROUTING SHEET NAME	The encounter form (SuperBill) designated to the physician.
PROVIDER/INSURANCE TABLE	
PROV CODE	The code assigned to the provider for the practice location.
PRAC CODE	The practice code assigned for the various practice locations.
INS CODE	The insurance code assigned in the Insurance Table for the plan that has designated a "Network ID" specific for the physician.
INS TYPE	Designates the insurance type. (commercial, Medicare, etc.)
NETWORK ID	The unique "Network Identification Number" assigned to the physician. (BCBS, UPIN, etc)

4.4.5 Referral Doctor Information

Claimstronic PMS lets you build a database of the physicians who refer patients to you. This data is required for some insurance claims, and is useful for doctor-to-doctor correspondence as well as general contact information. The following window appears when you select **Referral Dr Code** from the Maintenance Menu pull-down list.

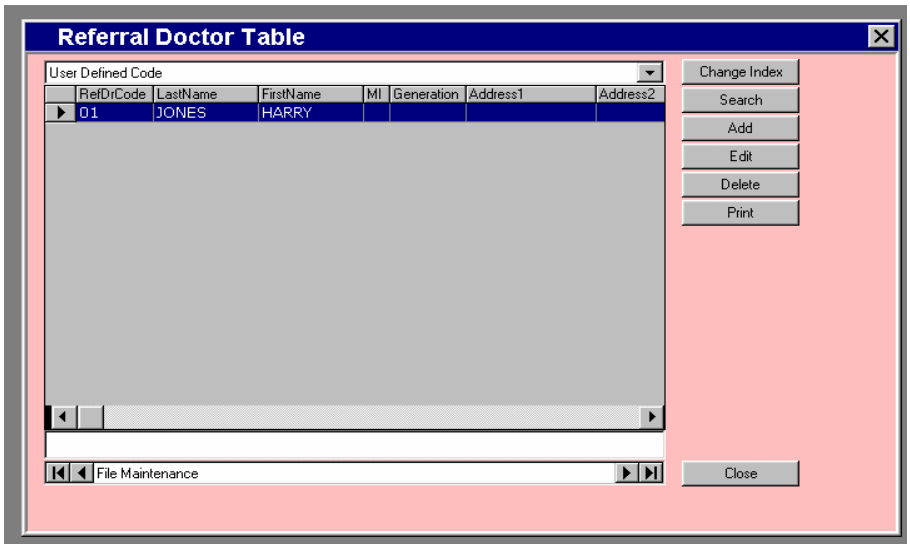


Figure 4-26. Referral Doctor Table Screen

To customize the Referral Doctor Code Table:

1. Click the appropriate button to add or edit a record. To enter a new record, click on **Add**. To overwrite a record, click on **Edit**. The same window appears for both functions.

   To move from one record to another, click on **First**, **Prev**, **Next**, or **Last**.

2. Enter the requested information for a referring doctor, then click on **Update**.

4. Click on **Exit** to close the window.

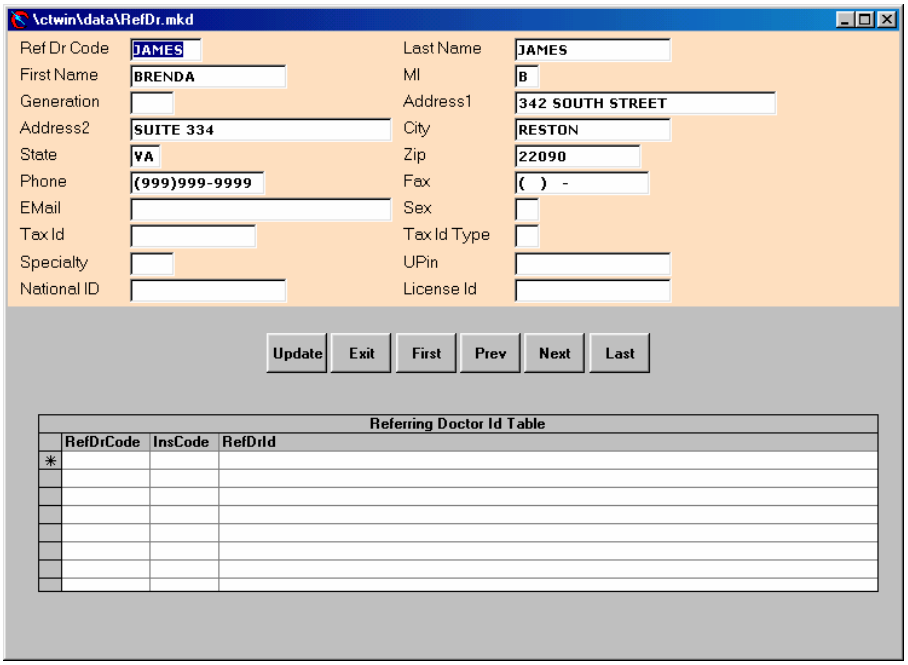


Figure 4-27. Add/Edit Referral Doctor Record Window

REFERRAL DOCTOR TABLE DATA ITEMS

REF DR CODE	The code assigned to the provider for the practice location.
LAST NAME	Physician's last name
FIRST NAME	Physician's first name
MID INTL	Physician's middle initial
GENERATION	Jr., Sr, etc
ADDRESS 1	Office address for the physician.
ADDRESS 2	Additional address information
CITY	City associated with physician's address.
STATE	State associated with physician's address.
ZIP	Zip code associated with physician's address.
PHONE	Phone number associated with physician's address.
FAX	Fax number associated with physician's address.
EMAIL	Email address associated with physician's address.

REFERRAL DOCTOR TABLE DATA ITEMS CONT.,

SEX	Male or Female
TAX ID	The identification number assigned to the referring doctor. (Tax Identification Number or Social Security)
TAX ID TYPE	The code used to designate if the referring doctor's identification number is a Federal ID Number or Social Security.
SPECIALTY	Physician's practicing specialty
UPIN	Physician's Unique Provider Identification Number
NATIONAL ID	Physician's National Identification Number
LICENSE ID	Physician's State Medical License Number
REFERRING DOCTOR ID TABLE	
REF DR CODE	The code assigned to the provider
INS CODE	The insurance code assigned in the Insurance Table for the plan that has designated a "Network ID" specific for the physician.
REF DR ID	The unique "Network Identification Number" assigned to the physician. (BCBS, UPIN, etc)

4.5 Configuring the Appointment Scheduler

The final Claimstronic PMS setup activity involves configuring features within the Appointment Scheduler to make it work most efficiently for the physicians and facilities within your practice.

You can pre-define the following:

Resources	Provider of service, Office treatment rooms, shared equipment, etc.
Profiles	Combinations of physicians and rooms that appear on the *appointment grid* (the electronic appointment book) to be scheduled. Claimstronic PMS can work with up to 8 profiles.
Units of Time	The start and end of the day, lunch periods and intervals between appointments.
Types of Appointments	Customized appointments within your practice, which can be color-coded.
Refresh Appointments	The time assigned for the appointment scheduler to update the appointment grid with all newly made appointments.

To configure the Appointment Scheduler:

1. Select **Appointment** from the Claimstronic PMS main window menu bar, or click on the **Appointment** icon ( ) from the toolbar.

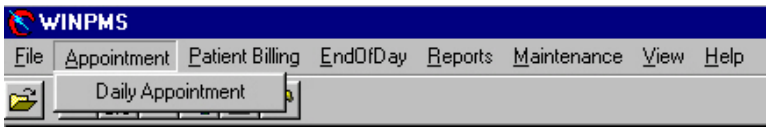


Figure 4-28. Appointment Location on the Menu Bar

2. From the Appointment Scheduler window, select **Settings**, then **Scheduler Configuration** to open the Scheduler Configuration Settings window.

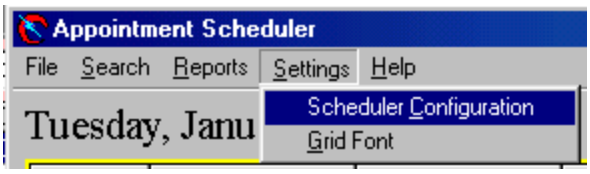


Figure 4-29. Settings and Scheduler Configuration Location

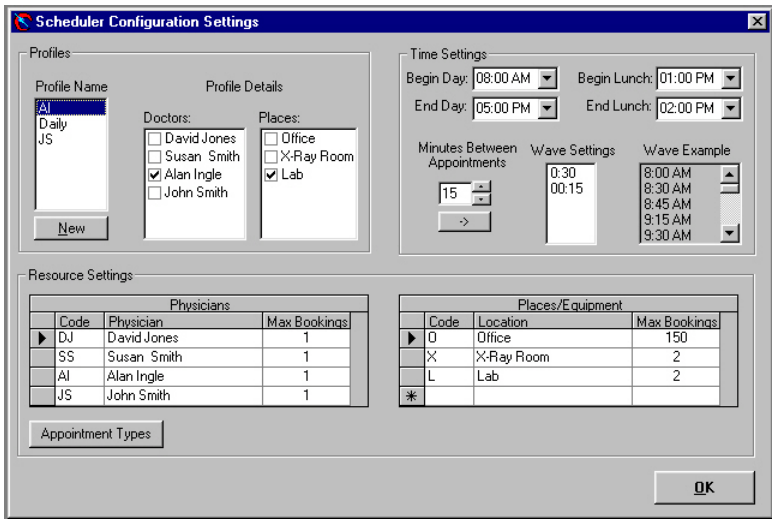


Figure 4-30. Scheduler Configuration Settings Window

3. Add the **Resources** to be scheduled.

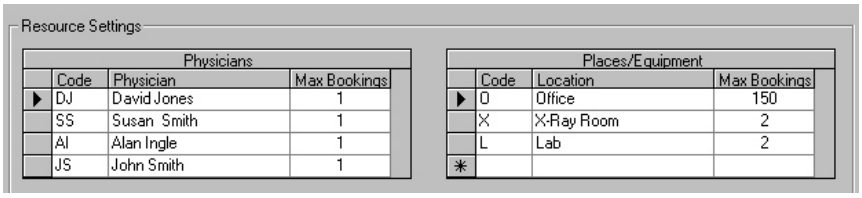


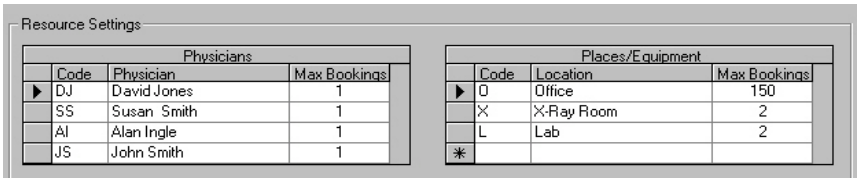
Figure 4-31. Resource Settings Area

Physicians

CODE The code utilized to identify the provider of service. This code should match the ***Profile Name.***

PHYSICIAN The provider of service.

MAX BOOKINGS The number of appointments allowed per time slot.



Places/Equipment

CODE The code utilized to identify the place of service.

LOCATION Description of treatment room or equipment.

MAX BOOKINGS The number of appointments allowed per time slot.

Note: You must use the "enter" key to complete each entry and advance to the next column while setting up the "Appointment Types"

4. Create your **Profile(s)** by clicking on the **New** button. Enter a profile by typing in an identifier (preferably the *Physician Code* that was assigned in ***Resource Settings***) and click on **OK**. (You can later modify or delete any aspects of a profile by selecting it with your cursor, and deleting/retyping as appropriate.) The profile name will be the identifier that appears on the window tabs on the *Appointment Grid.*

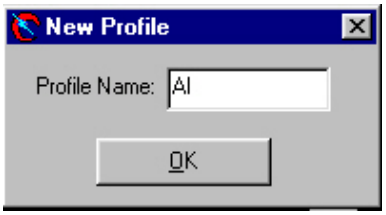


Figure 4-32. Time Settings Area

5. The **Profile Detail** controls the grouping together of providers and places of service as well as how they appear on the *appointment grid.* The profile detail can be an efficient way of scheduling a treatment room or equipment that is shared by the providers during the same day.

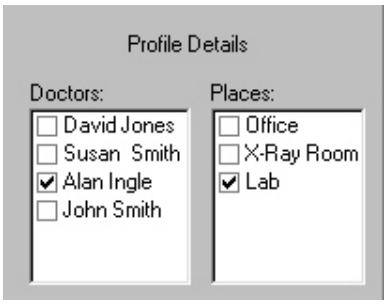


Figure 4-33. Profile Details Entry Box

4. Define your **Time Settings** by using the up and down arrows for both your *beginning and ending of day* as well as *lunch.*

5. The appointments can be set by a "*single defined*" interval (every 15 minutes) or by *wave settings* that allow you to alternate appointment intervals. To add an interval, select the number in the minutes between appointments window, and click the right-arrow button to add it to the sequence of settings. In the example shown, appointment interval pattern is 30 minutes, 15 minutes, and 30 minutes until the end of the day.

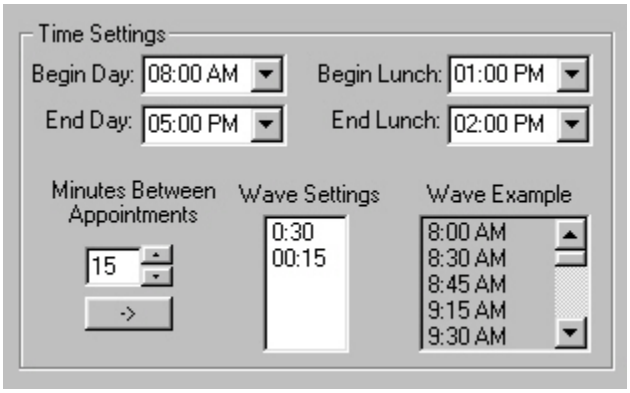


Figure 4-34. New Profile Dialog Box

7. Designate your appointment types by clicking on the **Appointment Types** button (Appointment Types).You are now able enter specific codes and descriptors for the types of appointments to be scheduled as well as color schemes to complete the customization of the Appointment Scheduler.

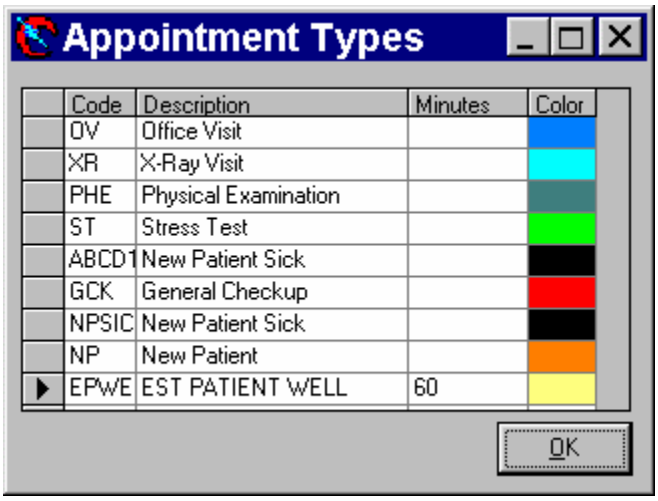


Figure 4-35. Appointment Types

APPOINTMENT TYPE DATA ITEMS

CODE The code assigned to describe the appointment type. This code can be up to six characters.

DESCRIPTION Detailed description of the appointment type. The description fields holds up to twenty characters.

MINUTES Customized time allotment for appointment.

COLOR Color assigned to the appointment type. Follow the same instructions for assigning a color scheme found in section **4.1.1 "Background Color".**

Note: You must use the "enter" key to complete each entry and advance to the next column while setting up the "Appointment Types"

4.6. Managing the Routing Sheet

The Routing Sheet contains all provider information necessary for posting and creating claims. Whether you chose to scan in your claims or enter them manually, you must setup your routing sheet.

4.6.1. Creating/Editing the Routing Sheet

1. Select **Tools** from the Claimstronic PMS menu bar, click on **Edit Routing Sheet Content.**

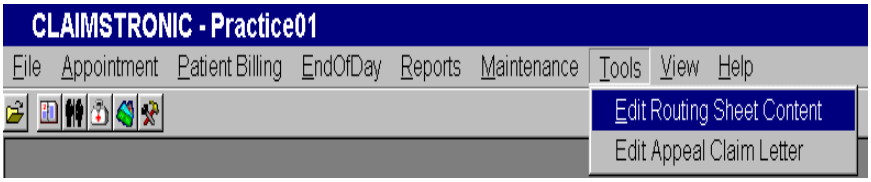


Figure 4-36. Tools Menu- Edit Routing Sheet Option

2. Click on **Edit** from the **Manage Routing Sheet** window to obtain the template.

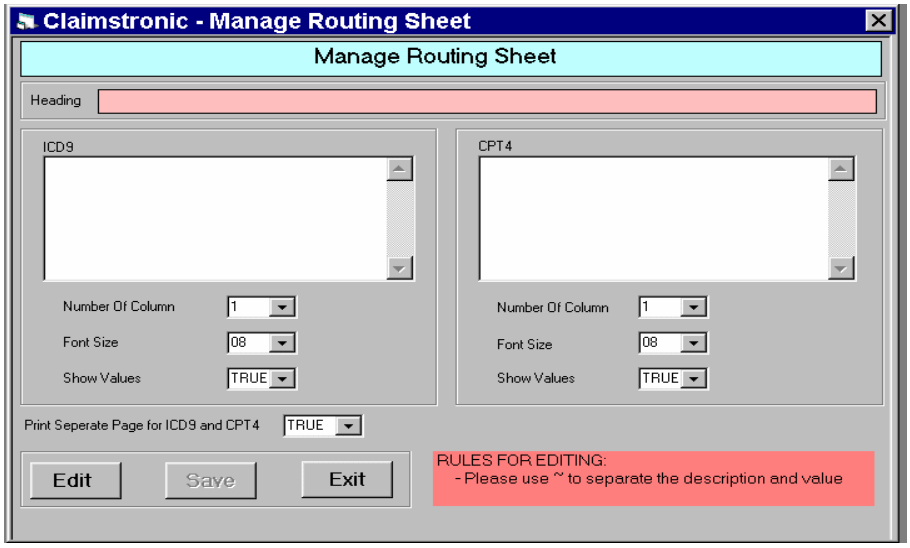


Figure 4-37. Manage Routing Sheet Window

3. From the document **Open** window double click with the mouse on the **RoutingSheet.xml** file.

Note: *For customization of multiple* ***Routing Sheets****, contact the Claimstronic PMS support department.*

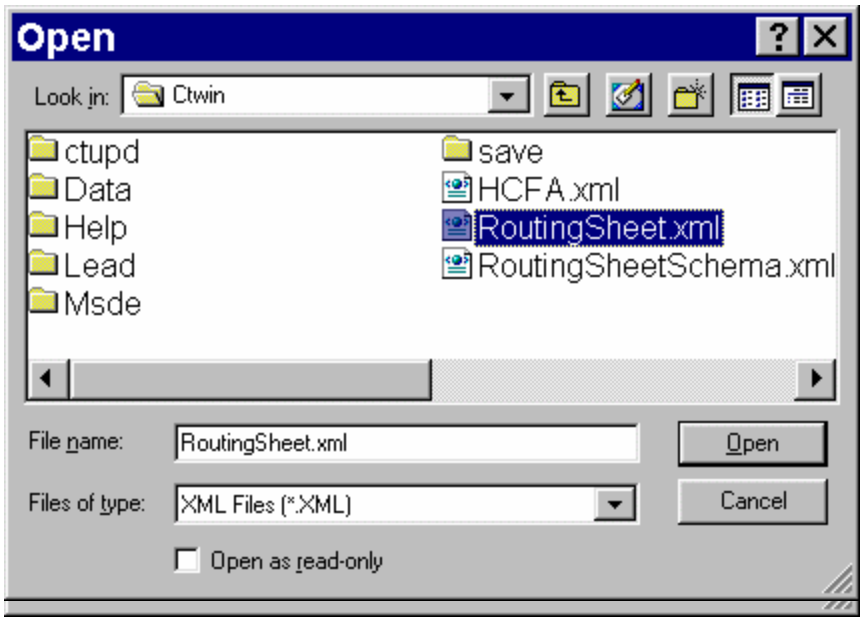


Figure 4-38. Document Open Window-RoutingSheet.xml File

4. The **ICD9** and **CPT4** information will populate into the **Manage Routing Sheet window.**

Note: *The Claimstronic PMS comes preloaded with a Routing Sheet template.*

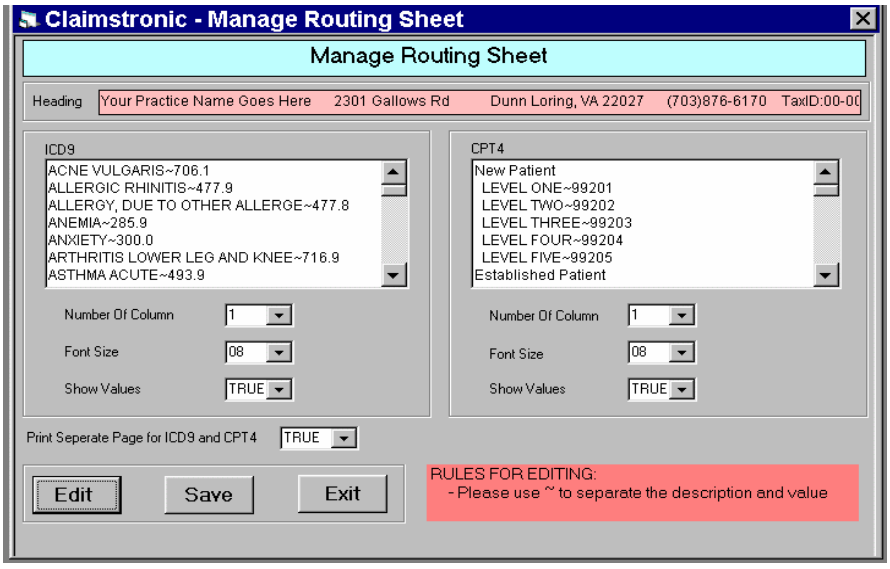


Figure 4-39 Mange Routing Sheet Template

5. Replace the existing text in the **Heading** field with your practice or provider demographic information as well as the tax identification number.

6. To delete an item from the **ICD9** or **CPT4** column, simply highlight the item and hit the **Delete** key on your keyboard.

7. To add an item to the ICD9 or CPT4 column, place your cursor at the end of the item preceding where the new entry will be added.

8. Hit you enter key, this will create a blank line item field.

9. At the blinking cursor, type in a brief description of the diagnosis or the procedure you are adding.

10. Without using the spacebar follow the entry immediately with the **(~)** tilde symbol and then the appropriate code for the entry.

11. Determine the remaining values for the **Routing Sheet**.

    - Choose between the numbers one through five on the **Number of Column** field to define the number of rows for the **ICD9** and **CPT4** information on the **Routing Sheet**.
    - You may vary the size of the font by selecting one of the three options from the drop-down box in the **Font Size** field.
    - From the **Show Values** field choose one of the following:
      - **False**: The **ICD9** description only will appear on the **Routing Sheet**.
      - **True**: The **ICD9** description plus the **ICD9** code will appear on the **Routing Sheet**.
    - To determine how many pages your **Routing Sheet** has, from the **Print Separate page for ICD9 and CPT4** choose one of the following:
      - **False**: This prints the **Routing Sheet** as one page.
      - **True**: This prints the **Routing Sheet** as two pages.
    - Clicking on the **Exit** button will leave the Manage Routing Sheet window without saving any changes.

12. To accept the changes, click on the Save button. This will return you to the document Open window. Click on Save once again. Claimstronic PMS will prompt that it has accepted the changes.

Figure 4-40. System Prompt

13. Click on **OK** and then on **Exit** to leave the **Manage Routing Sheet** window.

4.7. Customizing the Claim Appeal Letter

Utilize this option to setup the basic format of the **Claim Appeal Letter**. For more information on using the **Claim Appeal Letter** refer to **Section 10.1.4 Appeal Claim Report.**

The **Claim Appeal Letter** can further customized by user or for a specific insurance company. Refer to **Section 10.1.4 Appeal Claim Report** for additional instructions.

1. From the Claimstronic PMS menu, click on **Tools** and select **Edit Appeal Claim Letter.**

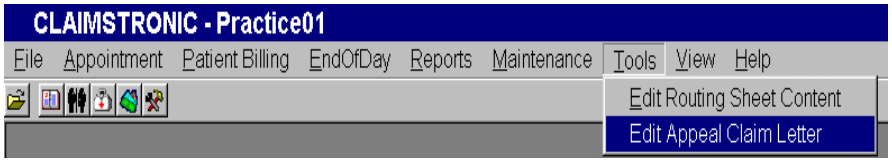


Figure 4-41. Tools Menu-Edit Appeal Claim Letter Option

2. Click on the **Letter.rtf** file found in the **Task Bar** on the bottom of the Claimstronic PMS Main Window.

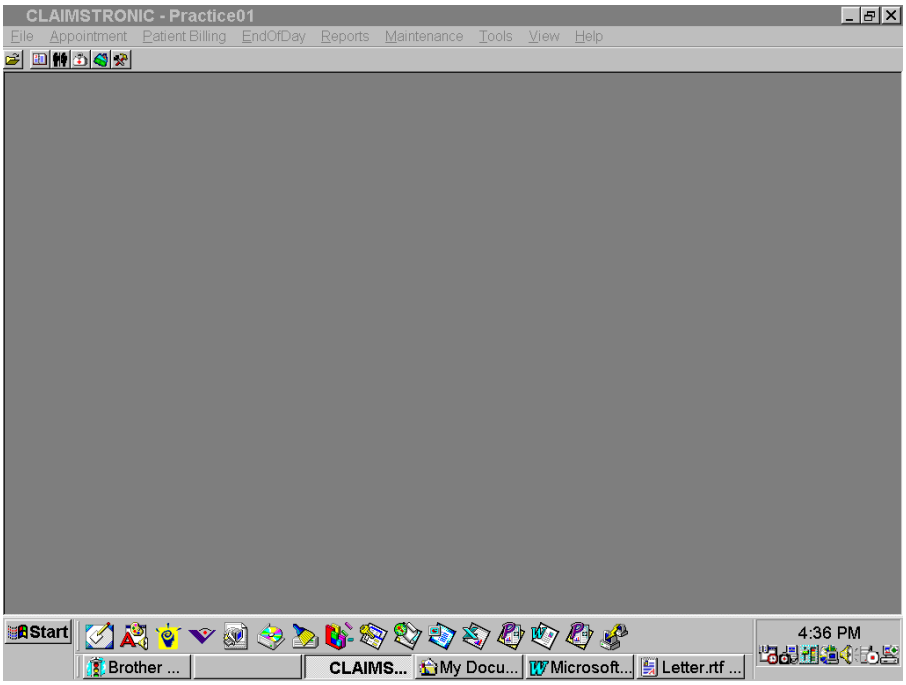


Figure 4-42. Claimstronic PMS Main Window

3. The **Letter.rtf Wordpad** window will appear.

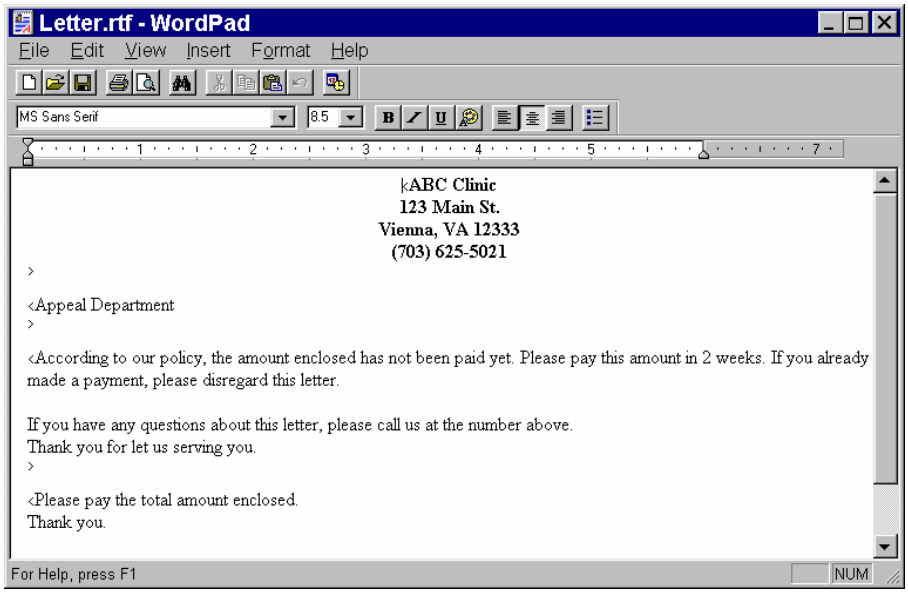

Letter.rtf - WordPad
File Edit View Insert Format Help
MS Sans Serif
8.5
ABC Clinic
123 Main St.
Vienna, VA 12333
(703) 625-5021
Appeal Department
According to our policy, the amount enclosed has not been paid yet. Please pay this amount in 2 weeks. If you already made a payment, please disregard this letter.
If you have any questions about this letter, please call us at the number above.
Thank you for let us serving you.
Please pay the total amount enclosed.
Thank you.
For Help, press F1
NUM

Figure 4-43. Letter.rtf-WordPad Window

4. Using basic techniques for creating a letter, customize the format for your specific practice.

5. After making changes to the **Claim Appeal Letter**, click on **File** from the **Letter.rtf WordPad** window and select **Save**.

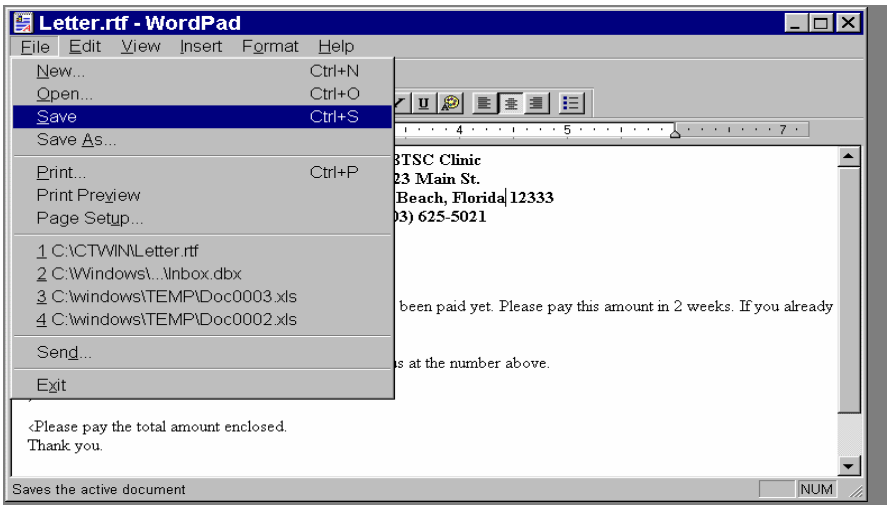


Figure 4-44. Letter.rtf-WordPad Window-File Menu-Save Option

6. Exit the window by clicking on the **(x)** close button at the top right corner of the window.

4.8. Patient Statement Setup

Due to various print configurations found within different printers, it may be necessary at times to realign the preset statement parameters.

1. From the Claimstronic PMS menu bar, click on **Reports** and select **Statements.** Refer to **Section 9.3 Preparing Patient Statements** for instructions on billing.

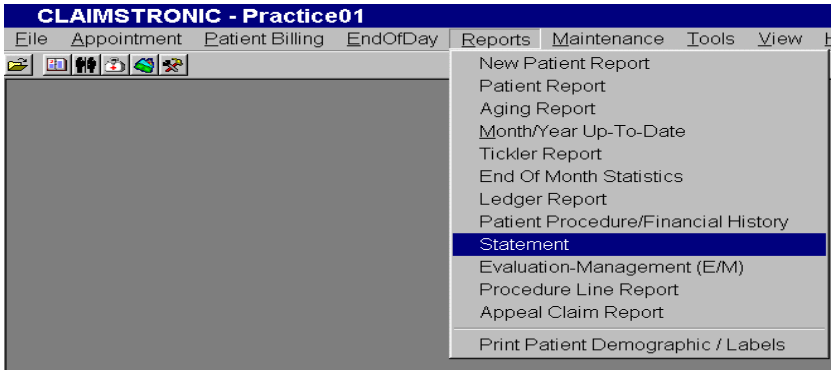


Figure 4-44. Reports Menu-Statement Option

2. From the **Statement Report** window, select **Setup/Print Sample Page.**

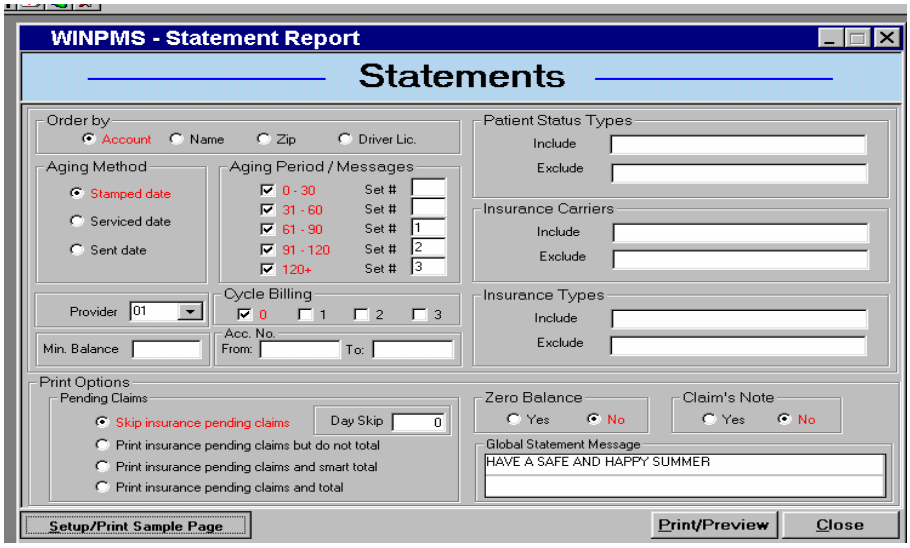


Figure 4-45. Statement Window-Setup/Print Sample Page Option

Because the print sample does not give a true sample of the statement, I stopped here until further instructions as to if this will be changed or if I need to instruct user to go through PT demo screen to obtain sample.

4.9. Statement (Dunning) Message Setup

Claimstronic PMS allows for customization of statement notices. You are able to create individual notices per insurance type or create global messages for all patients.

1. From the Claimstronic PMS menu bar, click on **Maintenance** and select **Statement Message**.

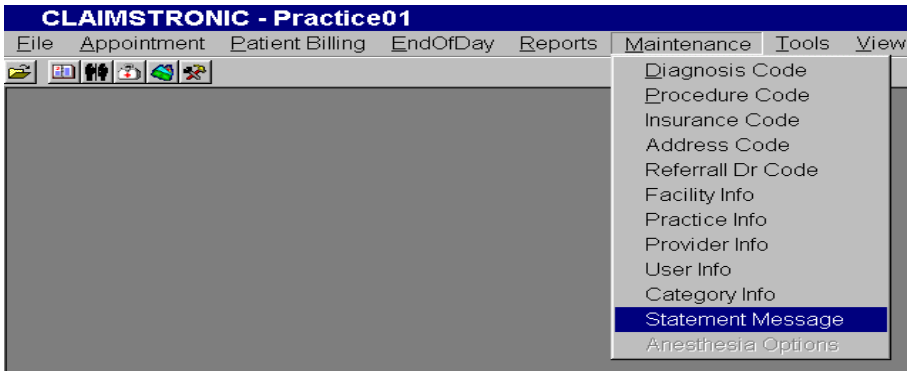
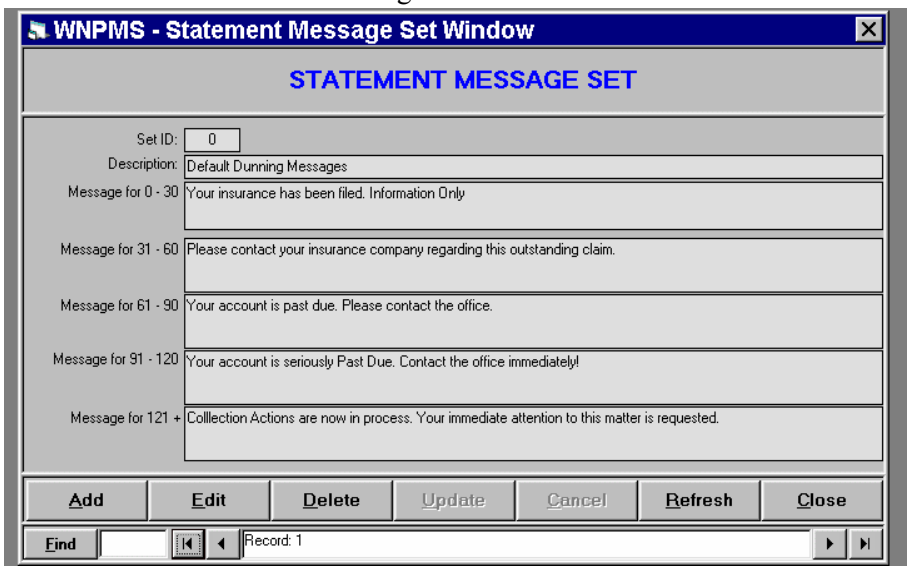


Figure 4-46. Maintenance Menu-Statement Message Option

2. From the **Statement Message Set** window, select **Add** or **Alt A** to create a new set of messages.


WNPMS - Statement Message Set Window
STATEMENT MESSAGE SET
Set ID:
0
Description:
Default Dunning Messages
Message for 0 - 30
Your insurance has been filed. Information Only
Message for 31 - 60
Please contact your insurance company regarding this outstanding claim.
Message for 61 - 90
Your account is past due. Please contact the office.
Message for 91 - 120
Your account is seriously Past Due. Contact the office immediately!
Message for 121 +
Colllection Actions are now in process. Your immediate attention to this matter is requested.
Add
Edit
Delete
Update
Cancel
Refresh
Close
Find
Record: 1

4-47. Statement Message Set Window

Note: *Utilize the Find button or the arrows on the bottom of the window to locate and/or scroll through the various sets of messages.*

3. Select **Edit**, **Delete**, **Update**, **Cancel** or **Refresh** to make changes to existing sets of messages.

Statement Message Set Detail Description

Set ID	Identification number assigned to the message set.
Description	Brief description of the message set.
Message for 0-30	Message for balances that are 0-30 days old.
Message for 31-60	Message for balances that are 31-60 days old.
Message for 61-90	Message for balances that are 61-90 days old.
Message for 90-120	Message for balances that are 90-1200 days old.
Message for 121 +	Message for balances that are over 120 days old.

5. Using the Appointment Scheduler

The Appointment Scheduler tracks appointments, schedules, patient information, and practice resources. It manages time for multiple physicians, tracks double bookings, finds open appointment slots, prints reports, and tracks a variety of statistics.

5.1. Components of the Appointment Scheduler

The main components of the Appointment Scheduler are shown and explained below:

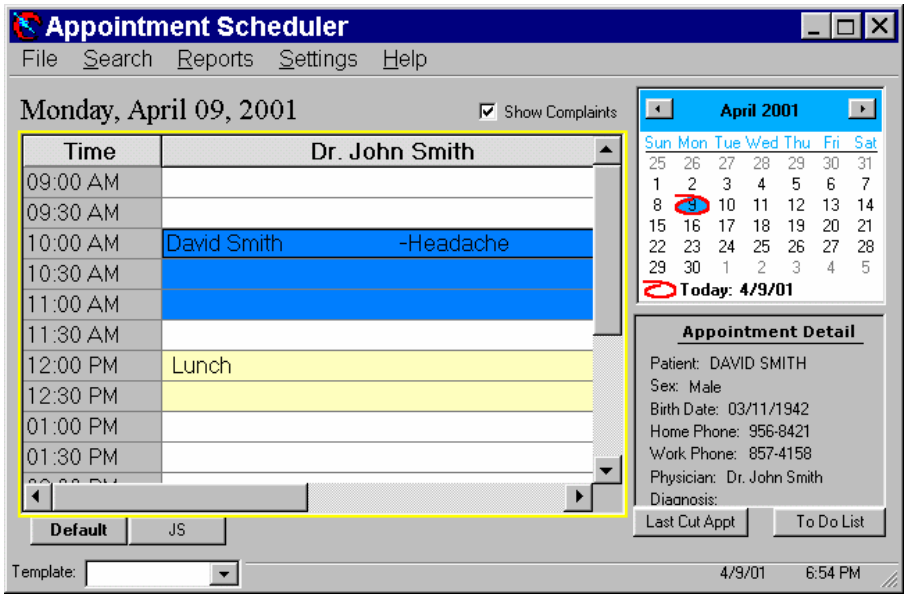


Figure 5-1. Appointment Scheduler Window

- The **Menu Bar** is located at the top of the window, and includes functions to produce reports, search for appointments, get help, and change configuration settings.
- The **Schedule Date** located at the upper left corresponds with the current displayed schedule.
- The **Appointment Grid** shows all appointments for the schedule date and the **Profile** specified. Each column in the grid corresponds with a doctor or room being scheduled. When an appointment is scheduled, the patient's name (an optional additional information) appears and the corresponding grid cells are shaded. (Refer to **Section 4.5 Configuring the Appointment Scheduler**).

- The **Calendar** is used to select the active Schedule Date. You can click on the **Today** button to go to the current calendar day. You can also use the arrows at the top of the calendar as well as the month and year to advance or back up through time.
- The **Profile Buttons** let you select from among various pre-defined combinations of doctors and rooms to be scheduled. The profile currently in use in shown in bold. When a different profile is selected, the Appointment Grid changes accordingly.
- The **Current Date/Time** is continuously displayed in the lower right corner.
- The **Show Complaints** checkbox is used to indicate if you want the patient's ailment to appear on the calendar grid.
- The **To Do List** option allows an area to place items that need to be addressed or other various notes
- The **App't Detail** when selected provides a "quick view" of the patient's demographics. You also have additional options of either editing the patient's appointment or deleting it.
- The **Last Cut Appt** allows you to review the last appointment that you cut from the scheduler.
- From the Settings Option

    - For **Schedule Configuration** refer to **Section 4.5 Configuring the Appointment Scheduler**
    - The **Template** option is not available at this time
    - The **Grid Font** allows you to customize the size, style and color of your appointment scheduler text
    - **Align Complaints** will line up the patient complaints for a more uniformed appearance on the grid.
    - The **Display No Shows** allows you the option to either hide or view any appointments you have chosen as a "No Show". In the view option, the appointments will remain on the grid and will have a line drawn through them.
    - The **Display Cancellations** allows you the option to either hide or view any appointments you have chosen as a "Cancellation". In the view option, the appointments will remain on the grid and will have a line drawn through them.
    - The **Help** option provides you with a tutorial for assisting with the appointment scheduler.

5.2. Creating A New Appointment

To create an Appointment:

1. Before you proceed, make sure the desired profile is selected, and click on the calendar to bring up the desired day.

2. Right-click on the appropriate cell in the **Appointment Grid** and select **New Appointment** to bring up the Appointment window shown below.

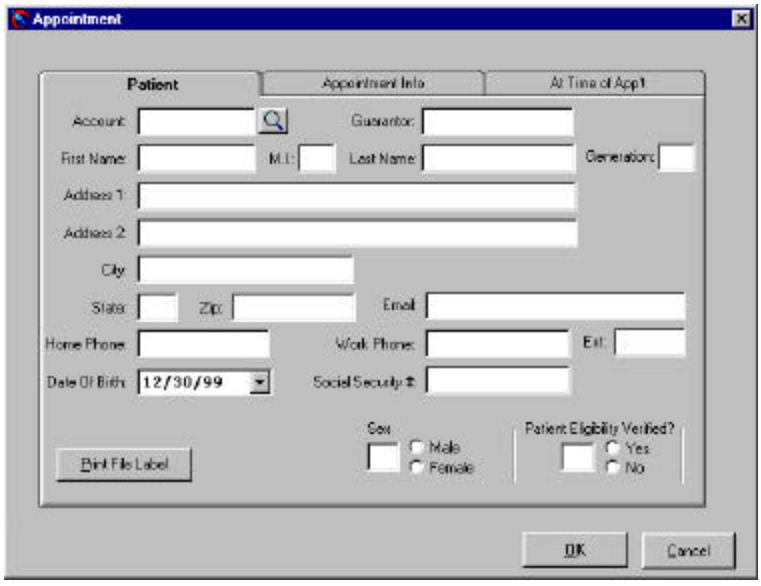


Figure 5-2. Appointment Window

3. The Appointment window has three tabs, each representing a data entry window for **Patient** information, **Appointment** information, and data captured at the **Time of Appointment**.

   Click on the **Patient** tab.

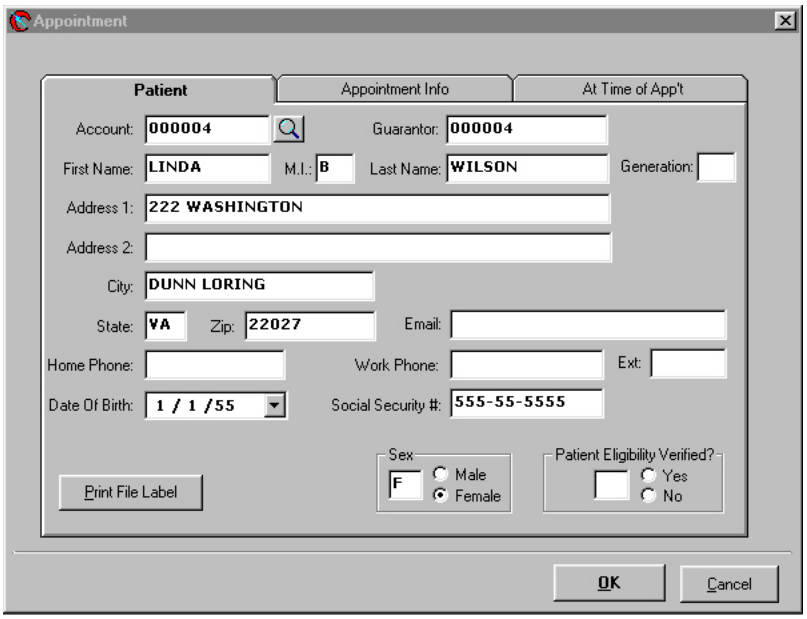


Figure 5-3. Appointment Scheduler - Patient Window

4. For an existing patient, click on the magnifying glass next to the **Account** field to search for the patient's account.

Note: If you chose for Claimstronic PMS to create an account within the appointment scheduler, failure to provide an account number for an existing patient will result in a duplicate account being made.

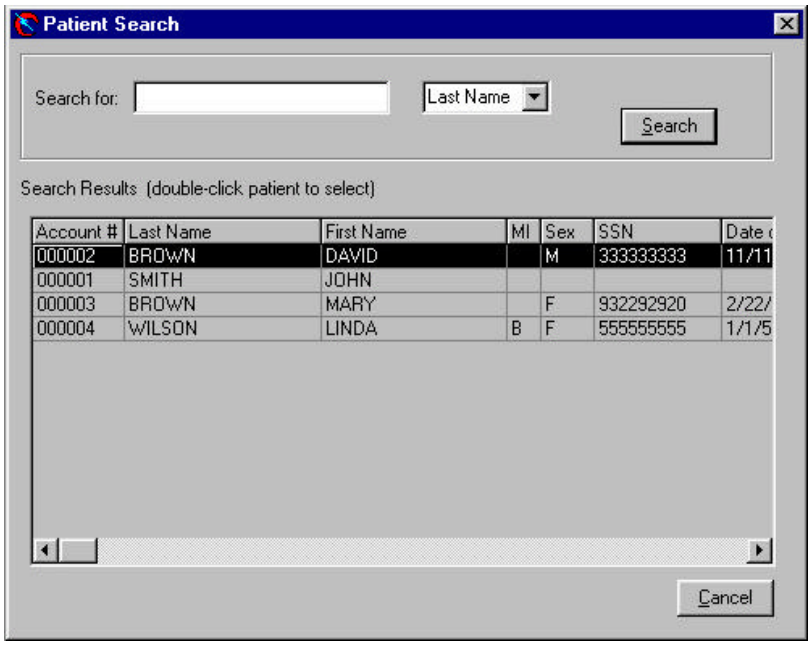


Figure 5-4. Patient Search Dialog Box

5 You can search by last name, Social Security Number, or Account number. Click to highlight the desired record, and double-click to copy the patient's account information into the Patient Information window. For more information on the Patient Information window, refer to **Section 3.2 – The Patient/Guarantor Information Window**

6. For a new patient, simply enter the patient's data directly into the Patient Info window. This information is then utilized to book the appointment and create a temporary patient account.

7. Click on the **Appointment Info** tab.

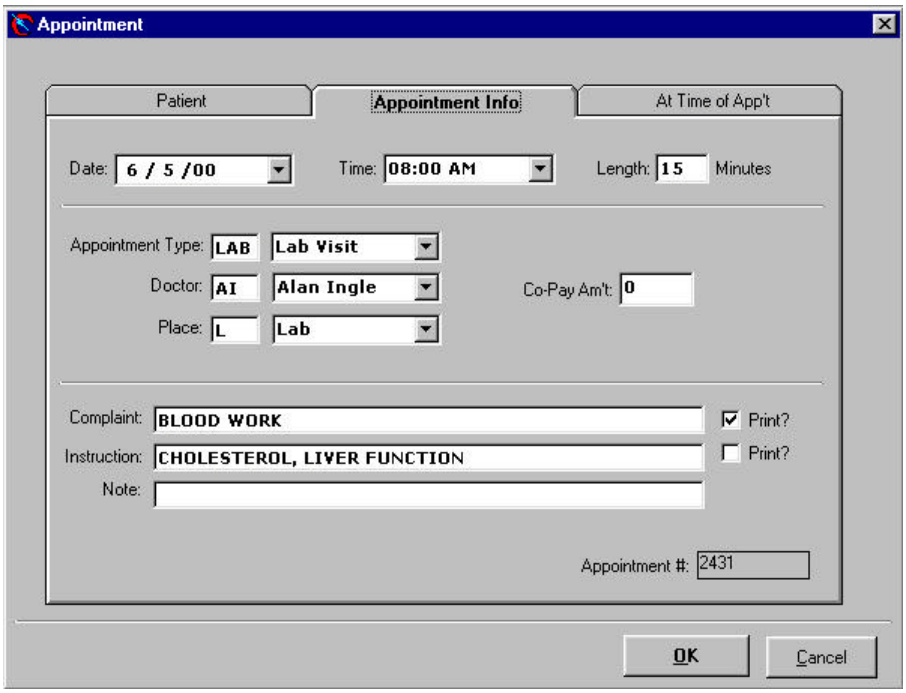


Figure 5-5. Appointment Scheduler - Appointment Info Window

8. Use the pull-down menus or type the information necessary to complete the Appointment Info window, and press **OK**. The appointment is now booked.

9. Claimstronic PMS keeps track of appointment information for various statistical reports. From the **At Time of App't** tab identify the patient as arrived, cancelled or no show. Indicating the Check In and Check Out time provides a valuable tool to evaluate time efficiency.

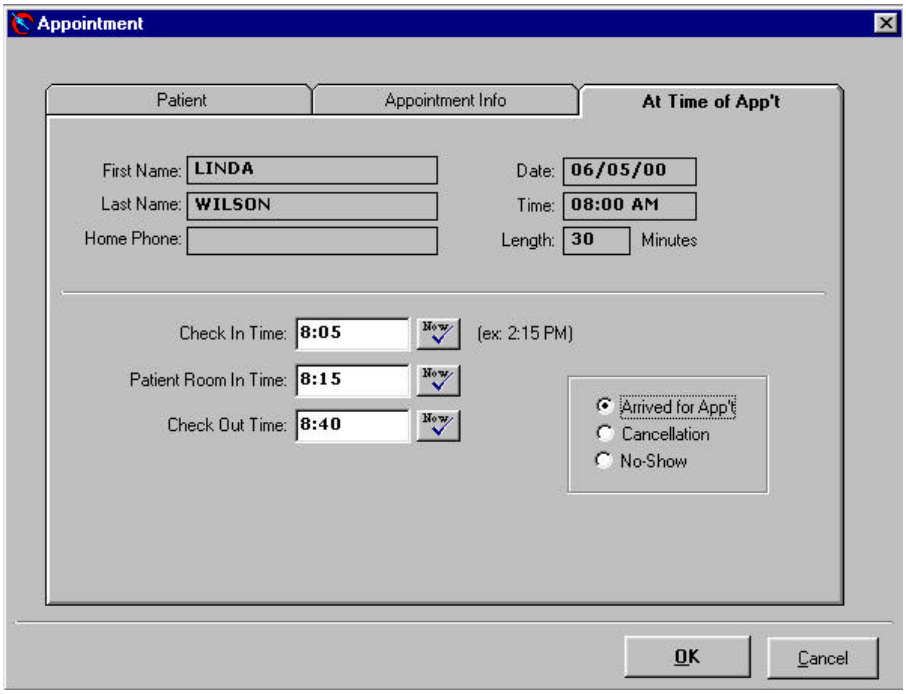


Figure 5-6. Appointment Scheduler - At Time of App't Window

Appointment Scheduler Data Items

Data	Description
Patient Tab	
Account	Displays a patient's account number. Accounts can also be accessed directly by entering an account number here. Press the button to perform a search for a specific account.
Patient Eligibility Verified?	Use the radio buttons to indicate whether the patient has an insurance policy eligible for services rendered.
Print File Label	Use this button to print the patient's chart label
Appointment Info Tab	
Date	The date of the patient's appointment. Click on the button to display a list of available dates. Must be entered as MM/DD/YYYY, i.e., 12/10/1962

Appointment Scheduler Data Items

Data	Description
Appointment Info Tab Cont.,	
Time	The time of the patient's appointment. Click on the ▼ button to display a list of available times. Must be entered as HH:MM AM/PM, i.e., 03:30 PM.
Length	The duration of the patient's appointment, in minutes.
Appointment Type	The code and the description of the type of appointment. Click on the ▼ button to display a user-definable list of appointment types.
Doctor	The code and the name of the doctor the patient will be seeing during the appointment. Click on the ▼ button to display a user-definable list of doctors.
Place	The code and the name of the location of the appointment. Click on the ▼ button to display a user-definable list of locations.
Co-Pay Am't	The dollar amount the insured is responsible for at the time of visit.
Complaint	The patient's complaint or reason for visit. Check the **Print?** box to have this information printed on the various reports
Instruction	Any specific instructions for the doctor. Check the **Print?** box to have this information printed on the various reports
Note	Any additional notes or comments related to the appointment.
Appointment #	Claimstronic PMS numbers and keeps track of all appointments.
At Time of App't Tab	
Check In Time	The time at which the patient arrived for the appointment. Click on the button to use the current time as the check in time.
Patient Room In Time	The time at which the patient is actually seen by the doctor. Click on the button to use the current time as the patient room in time.
Check Out Time	The time at which the patient leaves the appointment. Click on the button to use the current time as the check out time.

5.3. Viewing or Editing an Appointment

To refer to or change information about an appointment, you can right-click on the entry in the **Appointment Grid** and open appointment or choose edit from the **Appointment Detail** window The Appointment window will be presented, with all of the information entered previously. Change as appropriate, and click on **OK**.

5.4. Moving an Appointment

There are two ways to move an appointment from one time slot to another.

- You can view and edit the appointment as described above, changing the appointment date and time.
- Or, you can cut and paste it.

1. First, click on the grid to highlight the appointment you want to move.

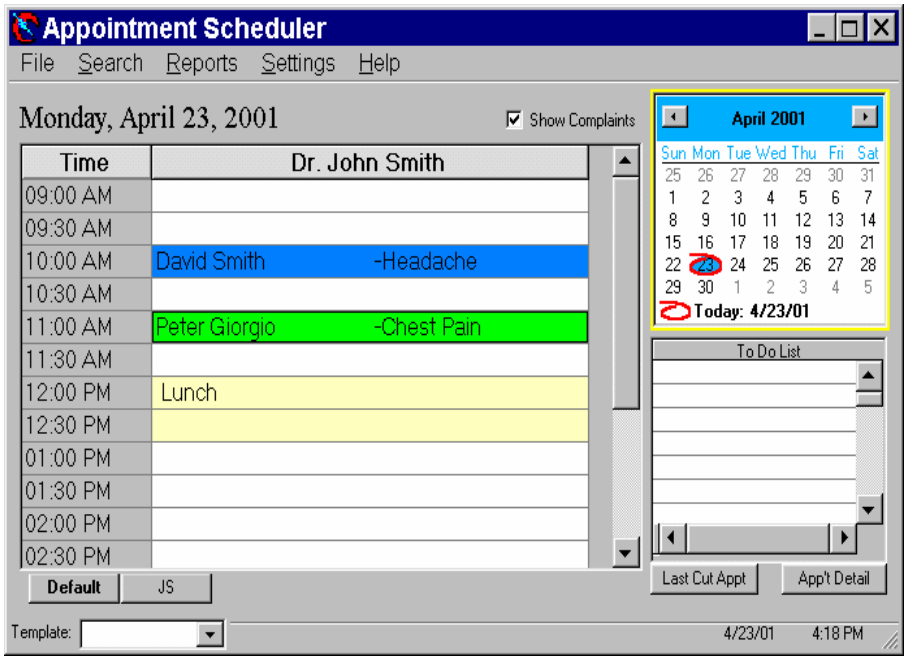


Figure 5-7. Highlighting an Appointment

2. Right click to get a pop-up menu. Position the highlight bar over **Cut Appointment** and click.

Figure 5-8. Selecting the Cut Appointment Option

3. Use the calendar to bring up an appointment grid for the desired date. Highlight the cell with the desired time, and right click again to get the pop-up menu. Position the highlight bar over **Paste Appointment** and click on it.

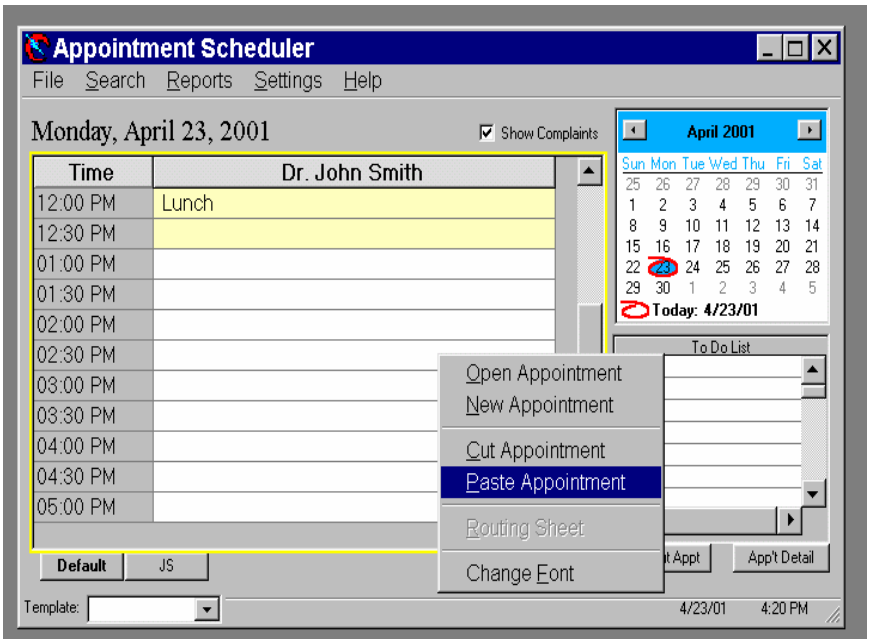


Figure 5-9. Selecting Paste Appointment

The appointment and all associated information will have been moved to the new time.

5.5. Deleting an Appointment

To delete an appointment, highlight the appointment on the grid, right-click, and select **Cut Appointment** from the pop-up menu. The other option is to choose the "delete" option from **Appointment Detail**.

5.6. Finding an Open Time Slot

Use the **Search** function located on the Scheduler's top menu bar to find an open time slot within a specified set of parameters.

Figure 5-10. Search Function Location

In the *Open Appointment Search* window, indicate all the attributes of the appointment desired, and then click on **Find Now.**

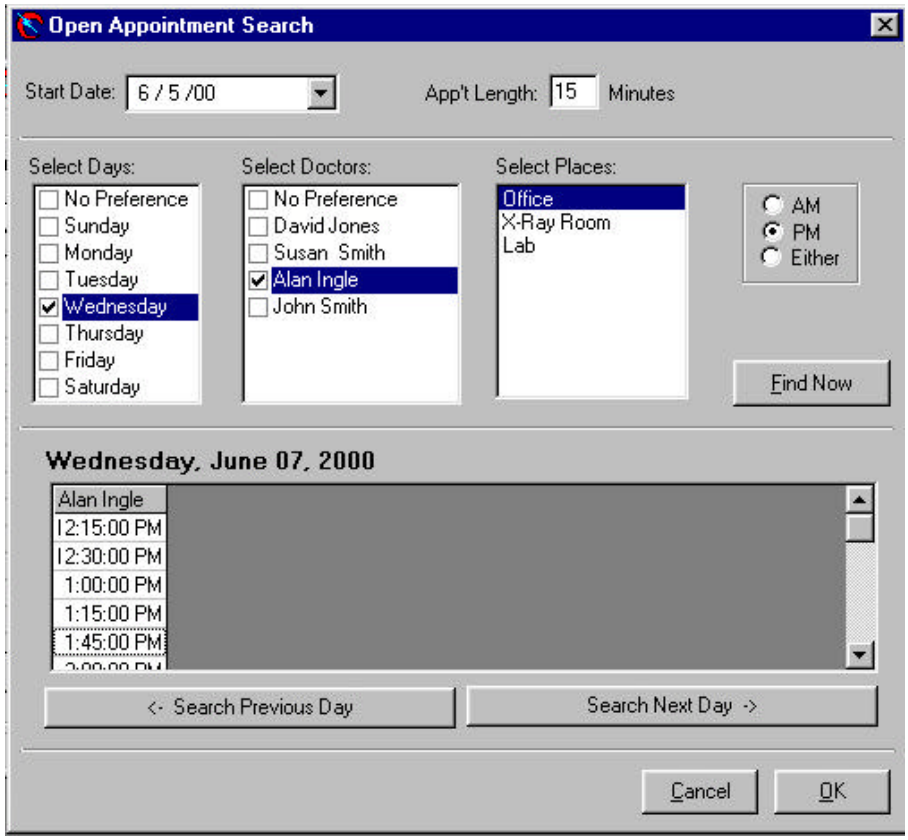


Figure 5-11. Open Appointment Search Window

Claimstronic PMS will present a range of candidate times. Navigate to view previous or upcoming days, and double click on the time selected. An appointment window will be presented.

5.7. Finding a Patient's Appointment

The search feature also helps you find appointments that exist in the system. When you select **Find Patient's App't** from the **Search** function pull-down, you will be presented with a searchable table of all appointments in the system. Double-click on the appointment you are searching for in the table. The appointment window opens allowing you to confirm and/or modify the appointment.

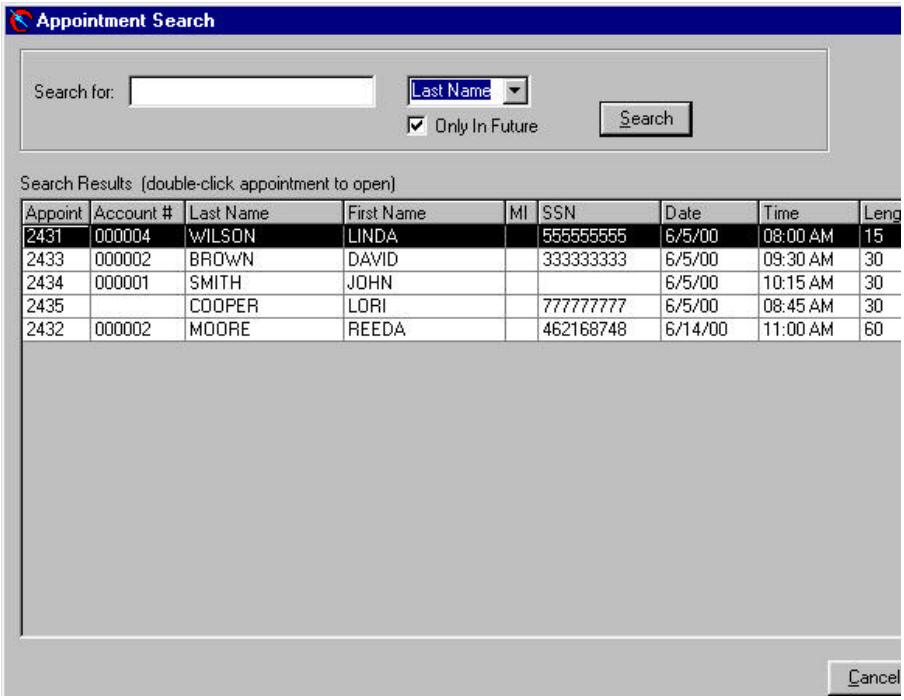


Figure 5-12. Appointment Search Window

5.8. Printing Appointment-Related Reports

The Appointment Scheduler can produce several reports. These are accessed from the Scheduler's menu toolbar, and include:

- **Appointment Grid.** A printout showing all appointments on the specified (active) grid.
- **Appointment Reports.** A printout listing all appointments for a specified physician for a specified day.
- **Patient Reminder.** An editable form letter reminding patients of upcoming scheduled appointments. Just click on the desired fields in the right hand margin to have them included in your letters. The system fills in the fields for you.
- **Practice Statistics.** Shows a variety of statistic pertaining to appointments scheduled, including time and resource utilization.
- **Routing Sheet.** You can print a routing sheet for patients from within the Appointment Scheduler.
- **File Label.** A print of the patient's account number, which you can use as a tag for manual filing of documents.
- **Patient Demographics Window.** You can print out a copy of the patient's personal information. This can be used to verify current home and work information as well as the patient's current insurance plan.

5.9. Printing the Appointment Grid

1. Access the Print Appointment Grid option via Reports in the Appointment Scheduler

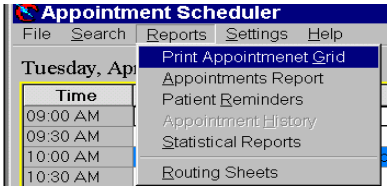


Figure 5-13 Search Function Location

2. Click on the print icon

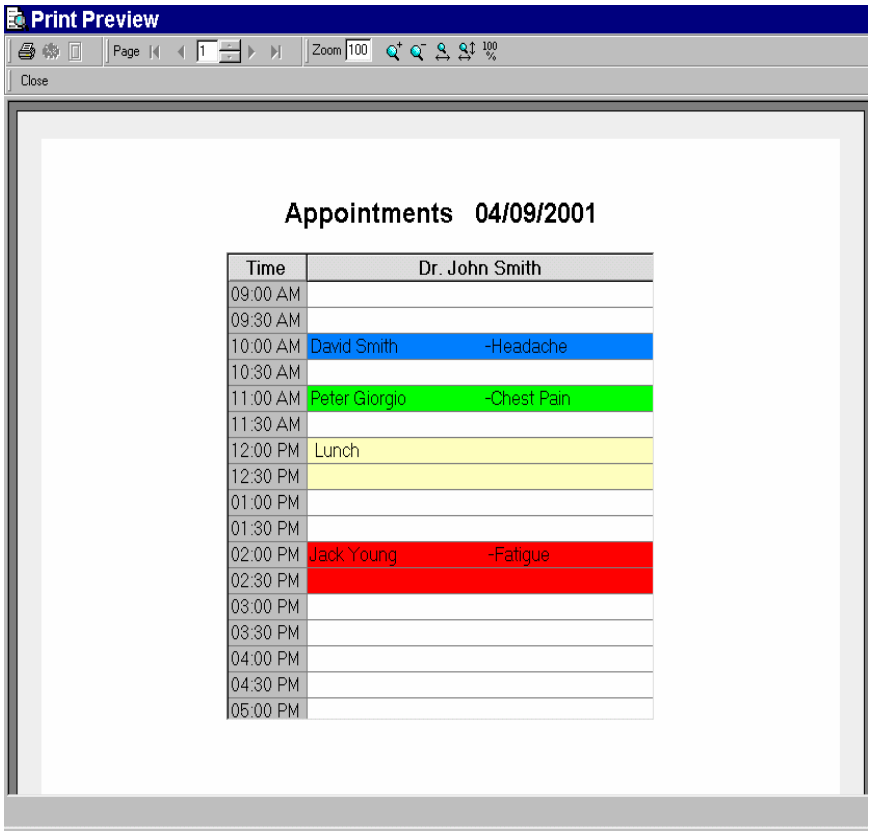


Figure 5-14 Appointment Grid Report

5.10. Printing an Appointment Listing

1. Access the Appointments Report option via Reports in the Appointment Scheduler

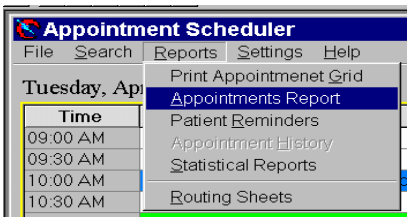


Figure 5-15 Search Function Location

2. From the Appointments Report menu, choose the provider and date of service you wish to print

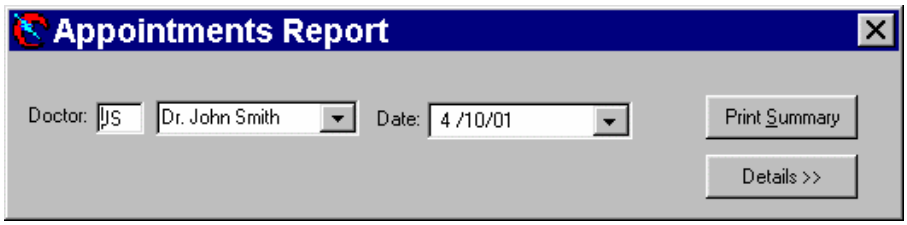


Figure 5-16 Appointment Report Window

3. You will receive a "view" of the report you requested. You may print this report by simply clicking on the printer icon.

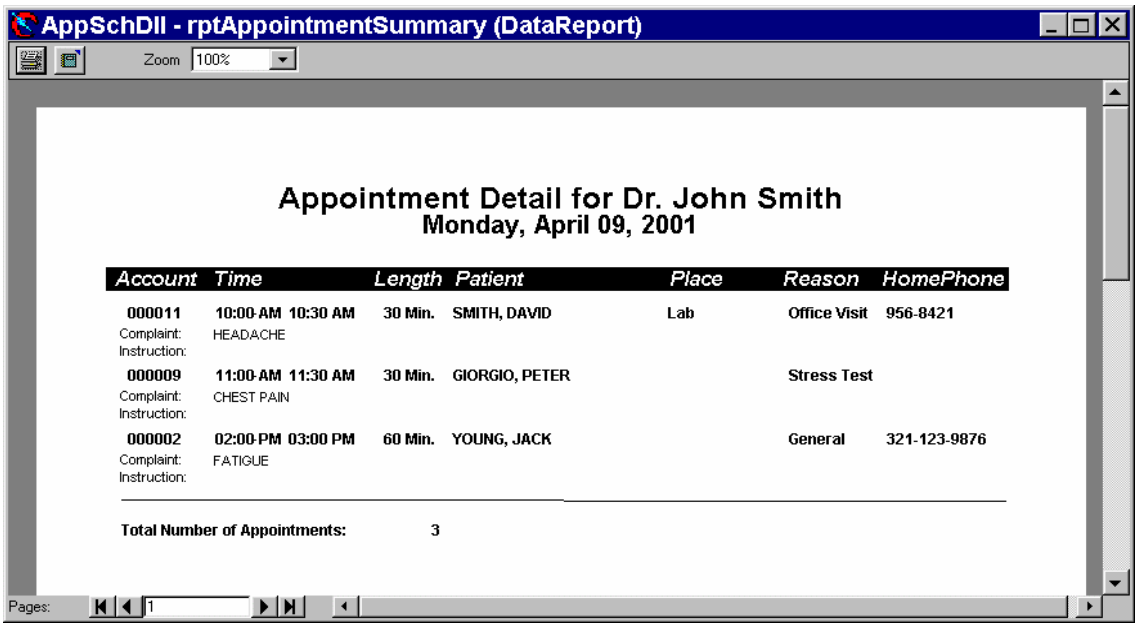

AppSchDll - rptAppointmentSummary (DataReport)
Zoom
100%
Appointment Detail for Dr. John Smith
Monday, April 09, 2001
Account Time Length Patient Place Reason HomePhone
000011 10:00 AM 10:30 AM 30 Min. SMITH, DAVID Lab Office Visit 956-8421
Complaint: HEADACHE
Instruction:
000009 11:00 AM 11:30 AM 30 Min. GIORGIO, PETER Stress Test
Complaint: CHEST PAIN
Instruction:
000002 02:00 PM 03:00 PM 60 Min. YOUNG, JACK General 321-123-9876
Complaint: FATIGUE
Instruction:
Total Number of Appointments: 3
Pages:
1

Figure 5-17 Sample Appointment Report

5.11. Printing Patient Reminders

1. Access the Patient Reminders option via Report in the Appointment Scheduler

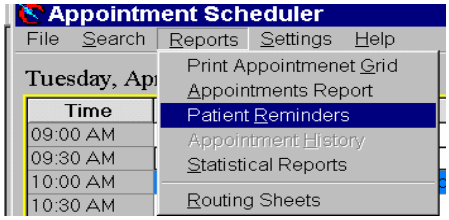


Figure 5-18 Search Function Location

2. From the Appointments Report menu, choose the provider and date of service you wish to print
3. By selecting the "Edit Report" option, you are able to further customize the Patient Reminder Letter

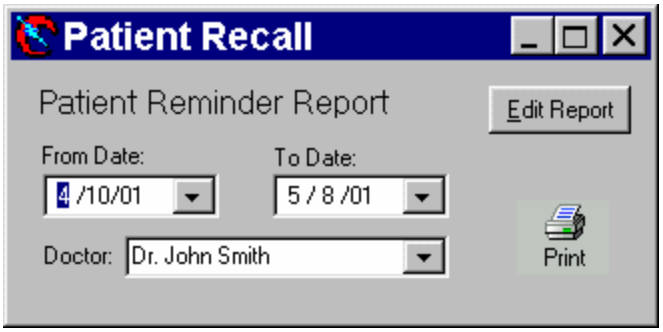


Figure 5-19 Patient Reminder Window

4. You can add a field by choosing from one of the available fields found to the right of the letter
5. You can deselect a field within the body of the letter by highlighting the field and hitting the delete key on your keyboard.

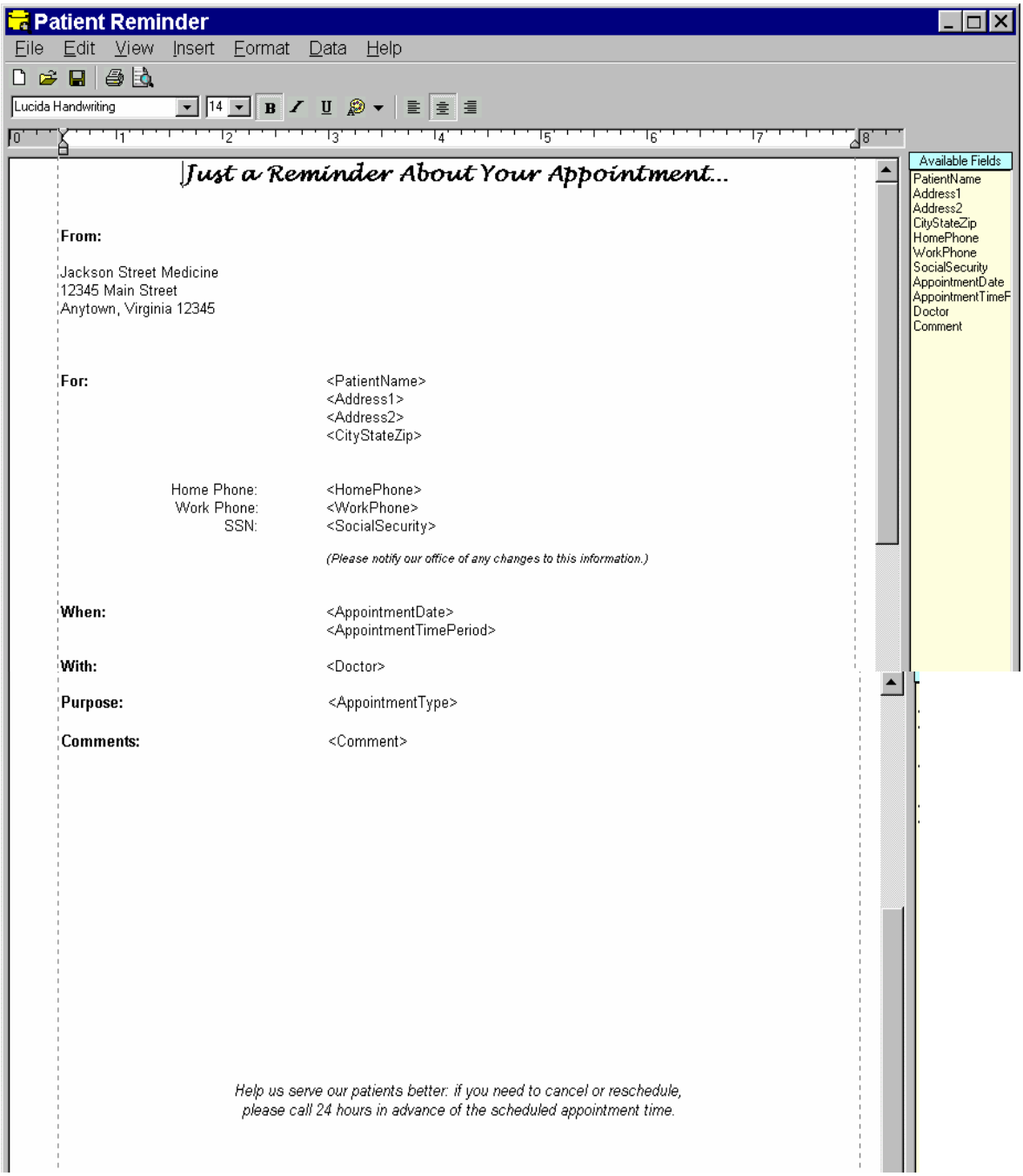


Figure 5-20 Sample Patient Reminder Letter

5.12. Printing Practice Appointment Statistics

1. Access the Statistical Report option via Reports in the Appointment Scheduler

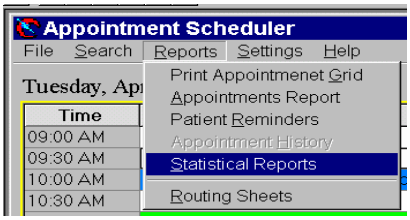


Figure 5-21 Search Function Location

2. Choose the From and To dates that you want Claimstronic PMS to calculate your report. This report breaks down all appointments by provider as well as the practice as a whole.

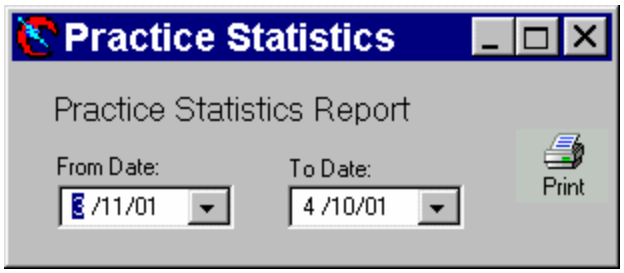


Figure 5-22 Statistical Reports Window

3. You will receive a "view" of the report you requested. You may print this report by simply clicking on the printer icon.

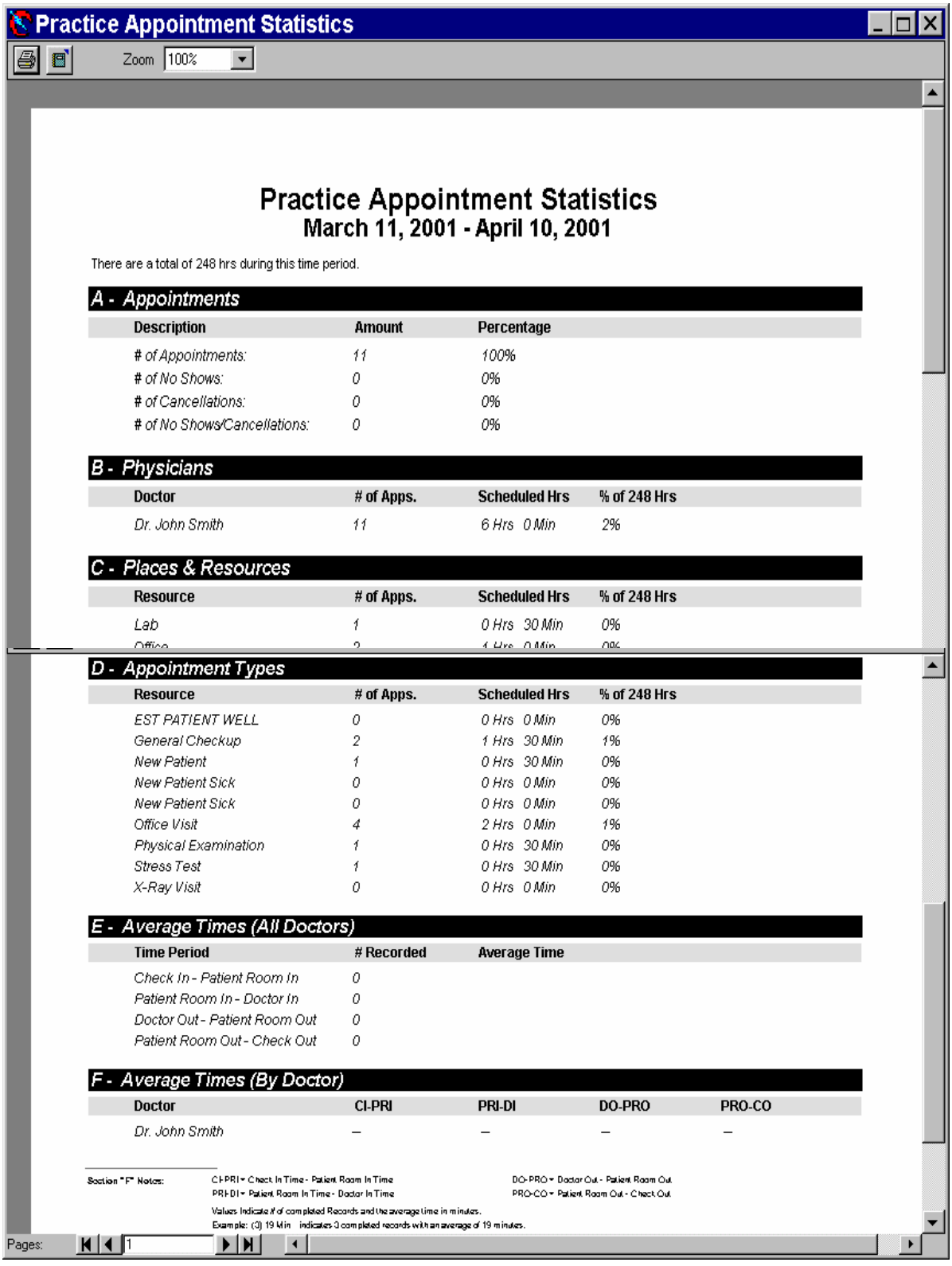

Practice Appointment Statistics
Zoom 100%
Practice Appointment Statistics
March 11, 2001 - April 10, 2001
There are a total of 248 hrs during this time period.
A - Appointments
Description Amount Percentage
# of Appointments: 11 100%
# of No Shows: 0 0%
# of Cancellations: 0 0%
# of No Shows/Cancellations: 0 0%
B - Physicians
Doctor # of Apps. Scheduled Hrs % of 248 Hrs
Dr. John Smith 11 6 Hrs 0 Min 2%
C - Places & Resources
Resource # of Apps. Scheduled Hrs % of 248 Hrs
Lab 1 0 Hrs 30 Min 0%
D - Appointment Types
Resource # of Apps. Scheduled Hrs % of 248 Hrs
EST PATIENT WELL 0 0 Hrs 0 Min 0%
General Checkup 2 1 Hrs 30 Min 1%
New Patient 1 0 Hrs 30 Min 0%
New Patient Sick 0 0 Hrs 0 Min 0%
New Patient Sick 0 0 Hrs 0 Min 0%
Office Visit 4 2 Hrs 0 Min 1%
Physical Examination 1 0 Hrs 30 Min 0%
Stress Test 1 0 Hrs 30 Min 0%
X-Ray Visit 0 0 Hrs 0 Min 0%
E - Average Times (All Doctors)
Time Period # Recorded Average Time
Check In - Patient Room In 0
Patient Room In - Doctor In 0
Doctor Out - Patient Room Out 0
Patient Room Out - Check Out 0
F - Average Times (By Doctor)
Doctor CI-PRI PRI-DI DO-PRO PRO-CO
Dr. John Smith – – – –
Section "F" Notes:
CI-PRI = Check In Time - Patient Room In Time
PRI-DI = Patient Room In Time - Doctor In Time
DO-PRO = Doctor Out - Patient Room Out
PRO-CO = Patient Room Out - Check Out
Values indicate # of completed Records and the average time in minutes.
Example: (3) 19 Min indicates 3 completed records with an average of 19 minutes.
Pages: 1

Figure 5-23 Sample Appointment Statistic Report

5.13. Printing a Routing Sheet

There are two ways to print a routing sheet.

- Via the Appointment Scheduler window – allows you to print the routing sheets for patients with appointment on the specified date.
- Via the Patient/Guarantor window – allows you to print an individual routing sheet (per patient). (refer to **Section 6.5 Printing Patient Routing Sheet and Chart Labe** l)

To print a routing sheet via the Appointment Scheduler window:

1. Access the Routing Sheets option via Reports in the Appointment Scheduler

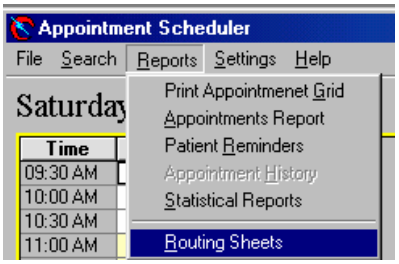


Figure 5-24. Selecting Routing Sheet from the Appointment Scheduler

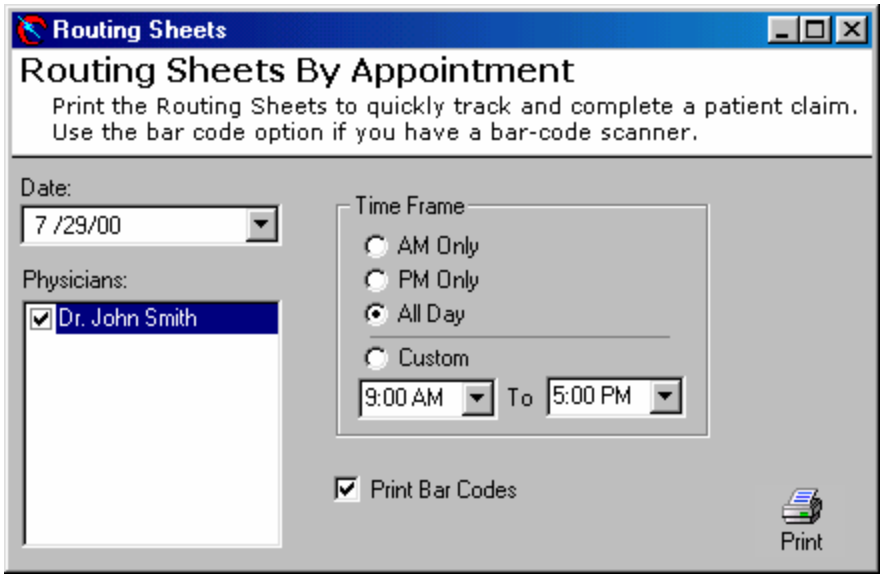


Figure 5-25. Routing Sheets Window

2. Enter the desired date that you want to check in the **Date** field.

3. Select a physician from the **Physicians** list.
4. Specify the desired time period from the **Time Frame** box.
5. Click on **Print Bar Codes** if you want a bar code to appear on your printout. This option is necessary if you have chosen to utilize the scanner option for the Claimstronic PMS.
6. Click on the **Print** icon.

5.14. Printing a Chart Label

There are three ways to print a patient chart label

- Via the Appointment Scheduler window – allows you to print individual labels for patients
- Via the Patient/Guarantor window – allows you to print individual chart labels. (refer to **Section 6.5 Printing Patient Routing Sheet and Chart Label**)
- Via the Report Generator- allows you to chart labels for patients for a specific date and provider. (refer to **Section 10.1.5 Print Patient Demographic/Labels**)

To print a chart label via the Appointment Scheduler window:

1. From the Appointment Scheduler, double-click on the desired appointment from the displayed list. The Appointment window will appear on your window.

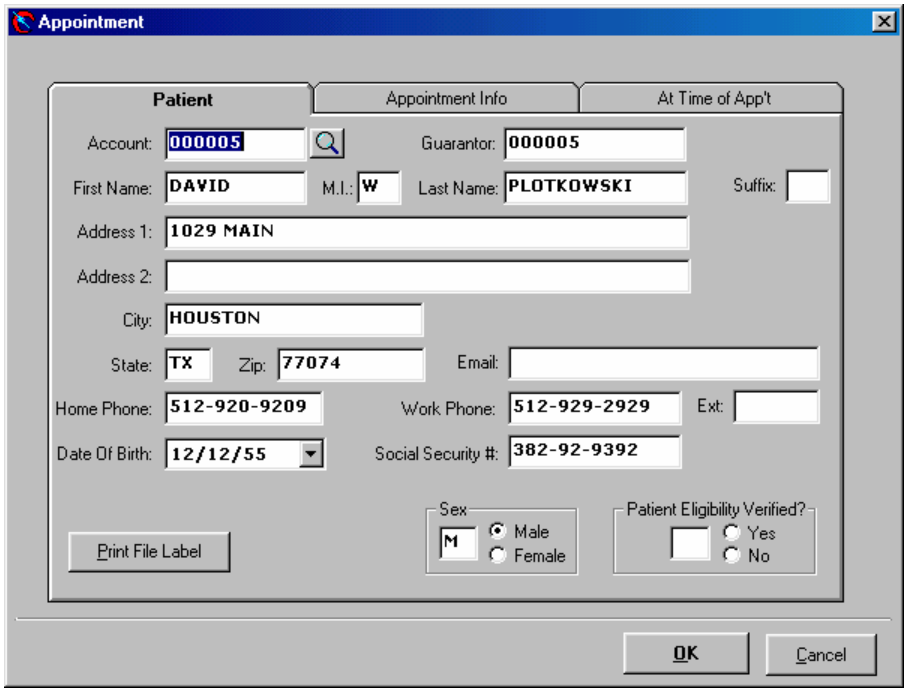


Figure 5-26. Appointment Window – Patient Window

2. Click on the **Patient** tab and check if the information displayed is the one that you want.

3. Click on the **Print File Label**. The following figure shows a sample of a file label's printout.

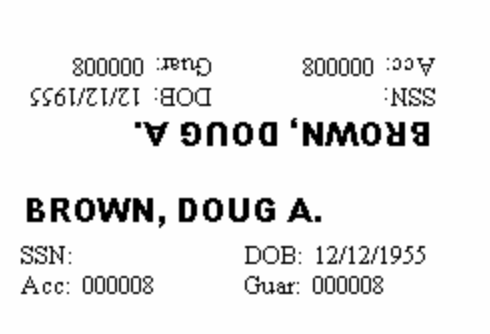


Figure 5-27. Sample of File Label

You can use the printed chart label for tagging the folder or binder that holds the printed documents of the patient. This is very useful when document filing is done manually.

6. Patient Entry

Claimstronic PMS was designed with the flexibility and functionality to conform to the workflow of a typical doctor's office. Here's how Claimstronic PMS is used in daily office practices, to make them more efficient in their handling of patient, insurance, payment, and claim-related data:

6.1. Finding an Existing Patient

To find an existing patient:

1. From the Claimstronic PMS menu bar, click on **Patient Billing** and select **Patient** or click on the **Patient** icon ( ) from the toolbar.

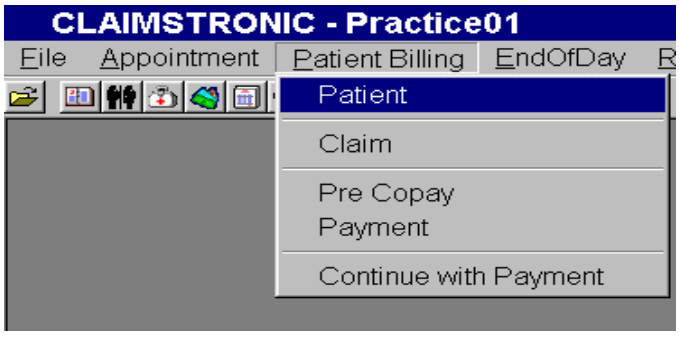


Figure 6-1. Patient Billing Menu – Patient Option

2. From the Patient/Guarantor Information window, click on the **Account** field and press **F2**.

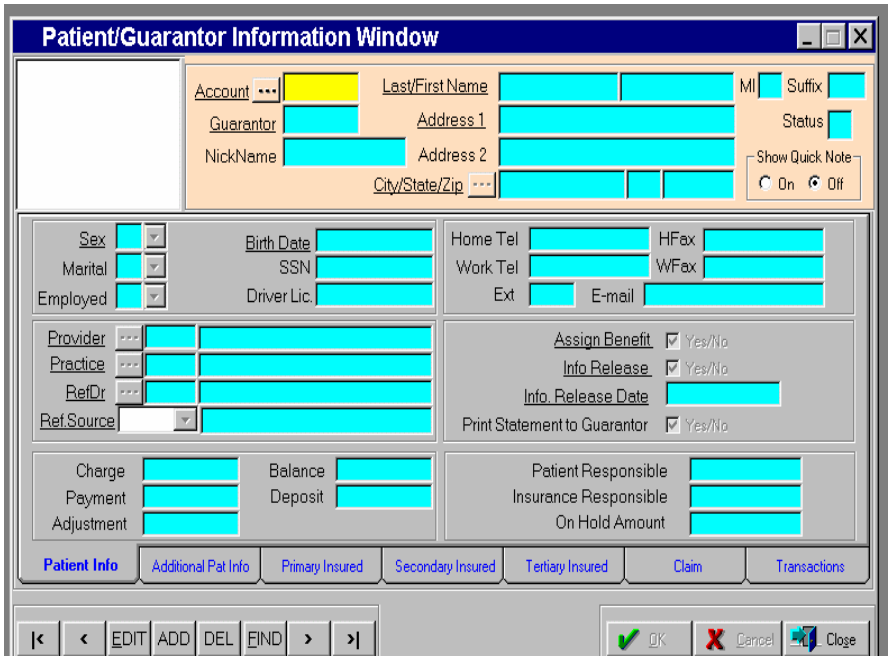


Figure 6-2. Patient/Guarantor Information Window

3. Use the **Search** function from the Patient List window to specify a search parameter (such as Last Name) to bring up a list of matching patient records from which you can select the desired record.

Figure 6–3. Patient List Window, Search Function

***Note**: In the **Last Name** option, you are able to search by entering the patient's full last name and partial first name.*

6.2. Entering Patient Information

To enter a patient's information:

1. From the Claimstronic PMS menu bar, click on **Patient Billing**, and then select **Patient,** or click on the **Patient** icon ( ) from the toolbar.
2. When the Patient/Guarantor Information window appears, check if the current page on display is the Patient Info page (check the highlighted tab at the bottom of the window). If this is not the displayed page, simply click on the **Patient Info** tab.
3. Take note that if a field name is underlined, it is a required field and you won't be able to commit your entry until the information is entered there. For more information on the Patient/Guarantor Information window, refer to **Section 3.2 – The Patient/Guarantor Information Window**

6.7.1. Editing an Existing Patient Account

1. When you have located the correct patient you are able to update, add or change any information related to this patient. Click **Edit** or **Alt E** to do one of the following
2. **Patient Info** tab will allow you to make changes regarding the patient's personal demographics
3. **Additional Pat Info** tab will allow you to
    a. Create or Edit patient notes
    b. Create or Edit patient's case management file
4. Enter all necessary data and click **OK** or **Alt O** to save your changes

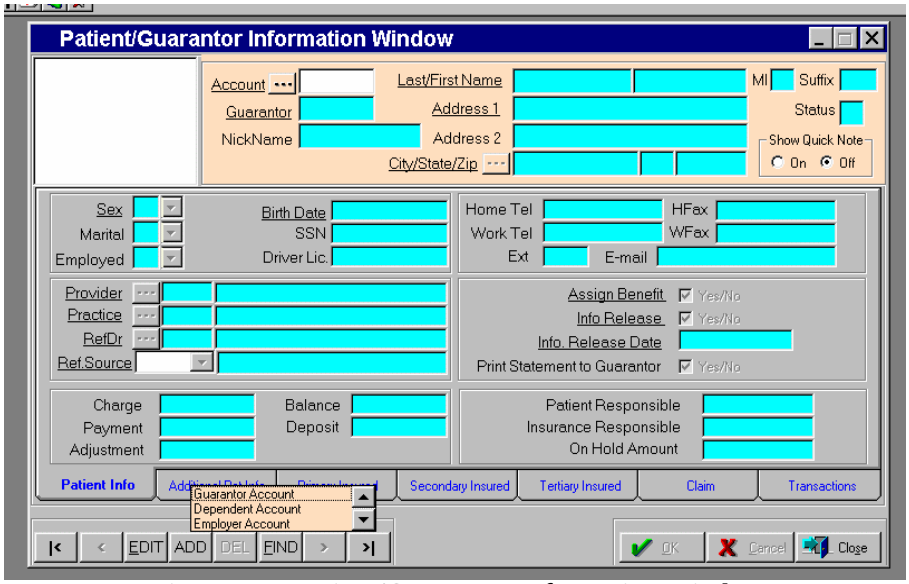


Figure 6-4. Patient/Guarantor Information Window

6.2.2 Adding a New Patient Account

After choosing the **Add** option, select from one of the following account types

- **Guarantor Account:** The account that is financially responsible and/or the guardian of a child. This account must be created first before you can add a dependent.
- **Dependent Account:** The account to be added to a guarantor or employer account. Note that when choosing this option, the account that is showing in the **Patient/Guarantor Information Window** will be the account the dependent is added. Partial demographics and insurance information will automatically populate into the dependent's account from the guarantor or employer account.
- **Employer Account:** The account that is financially responsible.(ex. worker's compensation, employee drug windowing, etc.)

    1. **Patient Info** tab will allow you to make changes regarding the patient's personal demographics
    2. **Additional Pat Info** tab will allow you to
        a. Create or Edit patient note
        b. Create or Edit patient's case management file

Patient Window Data Items

Data	Description
Account	Displays a patient's account number. Accounts can also be accessed directly by entering an account number here.
Guarantor	Displays the guarantor's account number. You can add a guarantor to an existing account directly by entering the guarantor's account number here or **F2** to search for guarantor.
Nickname	Patient's name other than their legal name
User Defined	User's assigned account number in lieu of using the Claimstronic PMS automatic numbering system
Last/First	The patient's first and last names.
MI	The patient's middle initial.
Suffix	The patient's suffix, i.e. Jr., Sr., III, etc...
Address 1	The first line of the patient's address.
Address 2	The second line of the patient's address.
Status	If you do not want this account to receive a billing statement, type in the letter **"H"** for **hold.**
Show Quick Note	Click on the "**On"** or "**Off"** buttons to control the patient's **"Quick Note"** window.
City/State/Zip	The city, state, and zip code associated with the above address of the patient. You can quickly enter the information to the account by typing the zip code within the **City** field. Click on the ... button or press **F2** in the city or zip code fields to display a user-definable list of cities and zip codes.
Sex	The gender of the patient. Click on the ▼ button to display a list of acceptable values.
Marital	The marital status of the patient. Click on the ▼ button to display a list of acceptable values.
Employed	The employment status of the patient. Click on the ▼ button to display a list of acceptable values.
Birth Date	The patient's birth date. Must be entered as MM/DD/YYYY, i.e., 12/10/1962.

Patient Window Data Items

Data	Description
SSN	The patient's social security number.
Driver Lic.	The patient's drivers license number.
Home Tel	The patient's home telephone number.
HFax	The patient's home fax telephone number.
Work Tel	The patient's work telephone number.
Wfax	The patient's work fax telephone number.
Ext	The patient's telephone extension number associated with the above work telephone number.
E-mail	The patient's e-mail address
Provider	The code and the name of the patient's chosen provider. Click on the ... button or press **F2** to display a user-definable list of provider codes.
Practice	The practice code associated with the above provider. Click on the ... button or press **F2** to display a user-definable list of practice codes.
RefDr	The code for the referring doctor. Click on the ... button or press **F2** to display a user-definable list of referring doctor codes.
Assign Benefit	Click **Yes** or **No** to indicate whether the provider has a signed form authorizing the payor to pay the provider, and whether the provider accepts such a payment arrangement.
Info Release	Click **Yes** or **No** to indicate whether the patient's information will be released to the insurance company.
Info. Release Date	Date when patient signed an information release waiver.
Print Statement to Guarantor	Click **Yes** or **No** to indicate whether a statement will be printed and sent to the guarantor.
Charge	The current dollar amount charged to the guarantor.
Payment	The current total dollar amount that has been received as payment.
Adjustment	The dollar amount that the claim was adjusted for the provider.
Balance	The current remaining dollar amount the guarantor owes to the provider.
Deposit	The current dollar amount allocated from received payments.

Patient Window Data Items

Data	Description
Patient Responsible	The portion of the charge that the guarantor is responsible for paying.
Insurance Responsible	The portion of the charge that the guarantor's insurance company is responsible for paying.
On Hold Amount	The portion of the charge that has yet to be allocated to either the guarantor or the insurance company.

6.3 Creating Insurance/Insured Information

You can enter your patient's insurance information in the Patient/Guarantor window – Primary, Secondary, and Tertiary Insured pages. To access these pages, do the following:

1. Click on the **Primary Insured** tab located at the bottom of the Patient/Guarantor Information window.

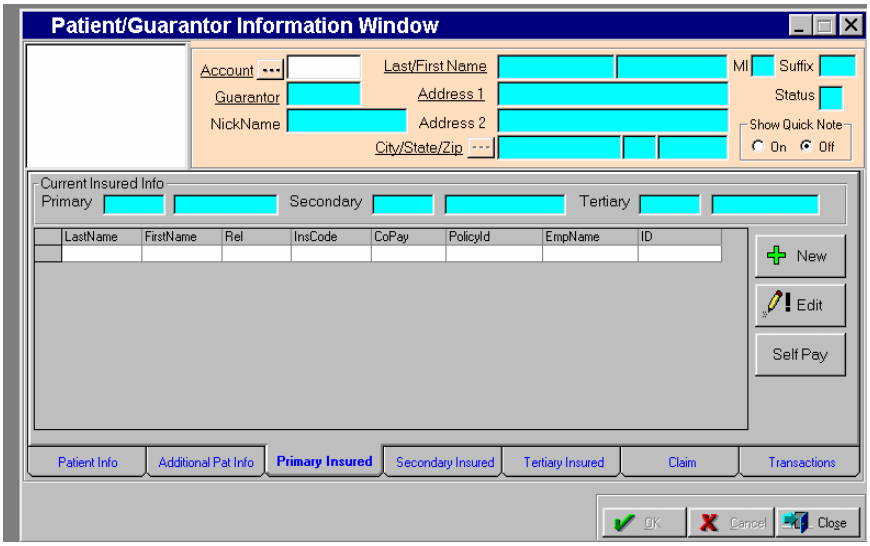


Figure 6-5. Patient/Guarantor Information Window – Primary Insured

2. Click on **New or Edit** to access the Insured/Insurance Information window.

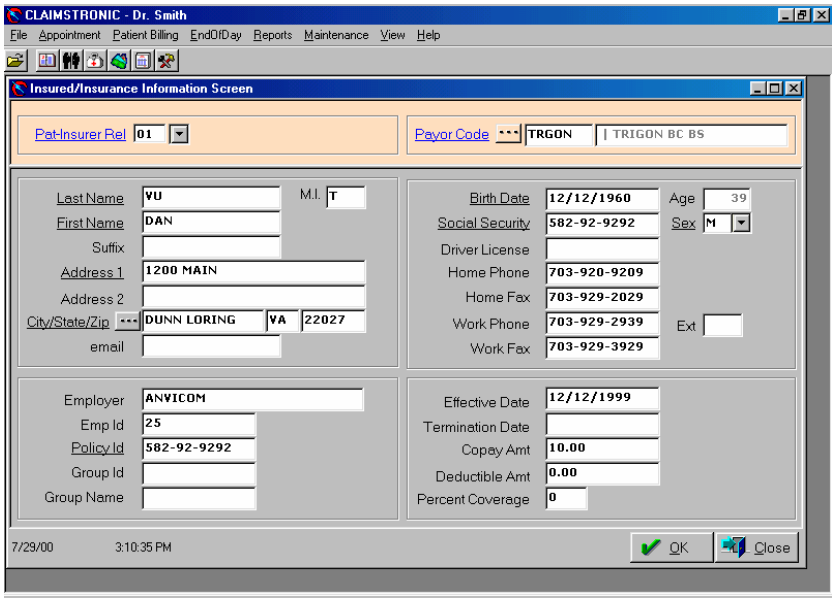


Figure 6-6. Insured/Insurance Information Window

Note: *The insured's personal demographics will automatically populate into the top section of the* ***Insured/Insurance Information Screen*** *from the guarantor account. If the insured is different than the guarantor, update the fields accordingly.*

Table Insurance Information Data Items

Data	Description
Pat-Insurer Rel	Indicates the relationship of the patient to the insured individual. Click on the ▼ button to display a list of acceptable values.
Payor Code	The code and the name of the payor organization from which the provider expects to receive reimbursement for a claim. Click on the ... button or press **F2** to display a user-definable list of payor codes.
Employer	Name of the patient's employer.
Emp Id	The patient's employee identification number.
Policy Id	The patient's insurance policy number. By choosing the **(=)**sign and hitting enter, the social security number of the insured will automatically populate into this field.
Group Id	The code assigned by the payor or administrator used to identify the group under which the insured is covered.
Group Name	The name of the group or plan through which the insurance is provided to the insured individual.

Table Insurance Information Data Items

Data	Description
Effective Date	The date on which the patient's insurance policy becomes effective. Must be entered as MM/DD/YYYY, i.e., 12/10/1962.
Termination Date	The date on which the patient's insurance policy is terminated. Must be entered as MM/DD/YYYY, i.e., 12/10/1962.
Co-pay Amt	The dollar amount the insured is responsible for at the time of visit.
Deductible Amt	The dollar amount that must be paid by the insured before benefits become payable.
Percent Coverage	The coverage percentage that your insurance states it will pay for allowed charges. (80%)

3. Enter all required data regarding the guarantor's insurance policy. For the Primary Insured page, you must enter the information on the main insurance policy.

   Note: *For those fields proceeded by a button with an ellipsis (* *), click on the button or press* ***F2*** *to see a pull-down list or a window containing a list of options available for the selected field. Select the desired option from the list.*

   To edit an entry in a field proceeded by a button with an ellipsis (*), simply press* ***F3****. This will lead you to the Add/Edit window available for the selected field. From this window, you can add a new entry or make your modifications.*

4. If the guarantor has another insurance policy, this is considered as his secondary insurance. To enter the information regarding the secondary insurance policy insurance, click on the **Secondary Insured** tab, and then do steps 2 and 3.

5. If there is a tertiary insurance policy, click on the **Tertiary Insured** tab, then do steps 2 and 3.

6. Click on **OK** to commit your entries, then click on **Close** to exit the window.

7. If the patient's insurance changes, Claimstronic recommends that you add the new insurance to the account as well as keeping the old insurance on file. The new insurance will default as the active carrier. You can also determine who the active carrier is for the patient by referring to the *"Current Insured Info"* section on the **Patient/Guarantor Information Window.**

6.4 Changing Default Insurance Active Order

You can change the default insurance active order in the Patient/Guarantor window – Primary, Secondary, and Tertiary Insured pages.

To make the insurance active order changes:

- If you have only one entry in each Insured page:

1. From the Patient/Guarantor Information window, select desired account to check. Refer to **Section 6.2 – Finding an Existing Patient** for instructions.
2. Click on:
   - **Primary Insured –** to change the main insurance policy information.
   - **Secondary Insured –** to change the secondary insurance policy information.
   - **Tertiary Insured –** to change the tertiary insurance policy information.
3. Select the entry and click on **Edit**. This will lead you to the Insured/Insurance Information window .
4. Highlight the **Payor Code** field and click on the button with ellipsis mark ( ), or press **F2**. This will lead you to the Insurance List window.

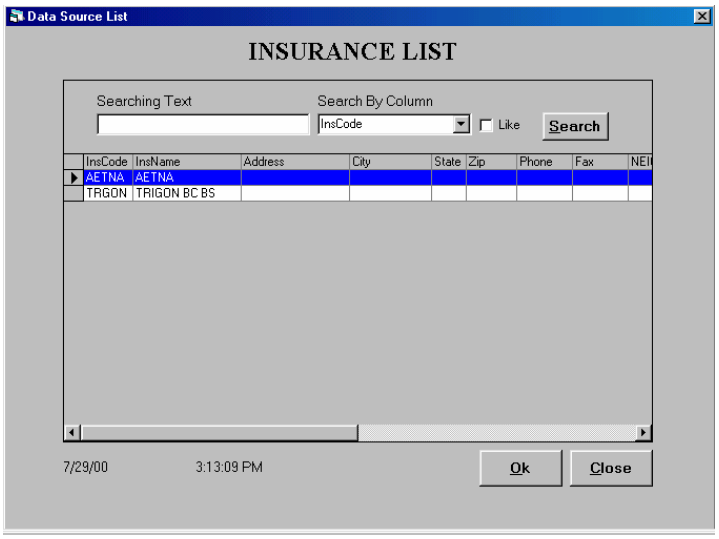


Figure 6- 7. Insurance List Window

5. From the Insurance List window, you can enter the insurance code in the **Search** field then click on **Search**, or browse the list to find the desired insurance information.
6. Click on **OK** or **Alt O** to exit the Insurance List Window. The change that you have made will reflect in the Payor Code Field.
7. Make the appropriate information changes for that Payor. Click on **OK** or **Alt O** to exit the Insured/Insurance Information window
8. Click **Close** or **Alt S** to exit the Patient/Guarantor Information window.

- If you wish to reactivate an expired insurance:

1. From the Patient/Guarantor Information window, select desired account to check. Refer to **Section 6.2 – Finding an Existing Patient** for instructions.
2. Click on:
   - **Primary Insured –** to change the main insurance policy information.
   - **Secondary Insured –** to change the secondary insurance policy information.
   - **Tertiary Insured –** to change the tertiary insurance policy information.
3. To reactivate a payor, highlight the entry that you want to make as your default, and then click on **Edit**. This will lead you to the Insured/Insurance Information window
4. From this window, click on **OK** or **Alt O**. The default insurance entry shown should change to the entry that you have selected.
5. Click **Close** or **Alt S** to exit the Patient/Guarantor Information window.

6.5 Printing Patient Routing Sheet and Chart Label

1. To print and/or view a patient's routing sheet from the **Patient/Guarantor Information Window.** Select either **Print** or **View** option at the bottom of the window. This will print an individual routing sheet for that patient

2. To print a chart label from the **Patient/Guarantor Information Window,** select the **Print** option at the bottom of the window. This will print the designated number of labels from setup options for this patient.

Both of these functions can be performed through the **Appointment Scheduler** as well.

6.6 Patient Quick Note

You can control the patient's **QUICK NOTE** by choosing the **ON/ OFF** function of the **SHOW QUICK NOTE** area found in the **PATIENT/GUARANTOR INFORMATION WINDOW.** With the **QUICK NOTE** on, simply type in your comments and choose ADD. The **QUICK NOTE** does not print on statements or claims form. This is an area that can be used to store important health issues or collection comments.

6.7 Additional Patient Information

The **Additional Pat Info** section of the **Patient/Guarantor Information Window** provides a place to store valuable data related to the patient.

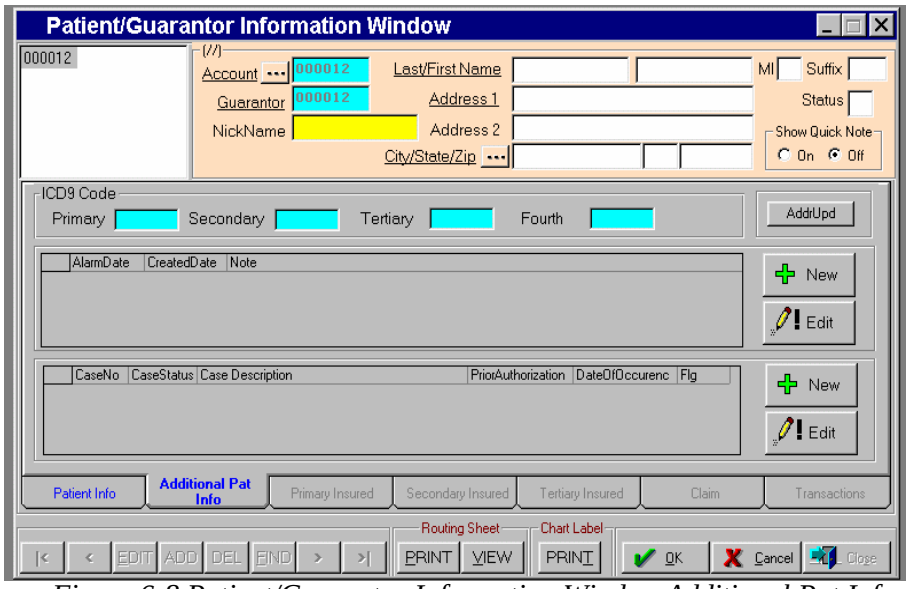


Figure 6-8 Patient/Guarantor Information Window-Additional Pat Info

6.7.1 Patient Notes

To enter or edit a patient note:

1. Select on new or edit in the "top" section of the **Additional Pat Info** to access the Patient Note window

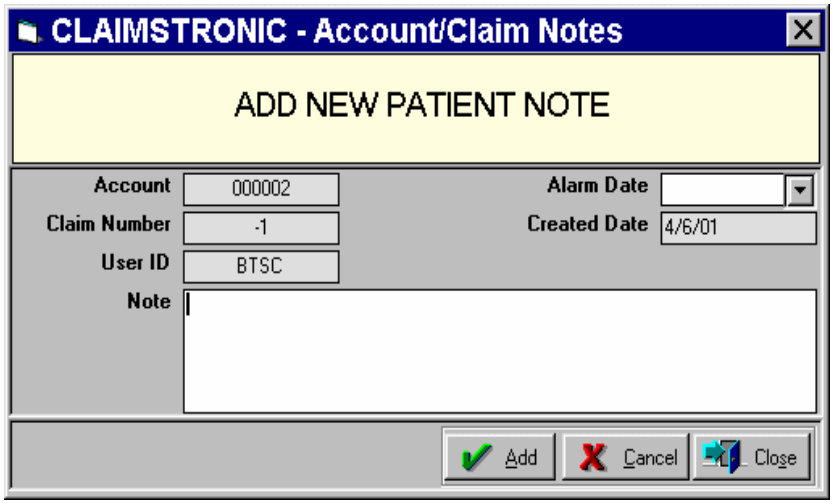


Figure 6-9 Patient Notes Window

2. Type a note pertaining to this patient and choose the **Add** button. This is very helpful for billing and collections, patient health history and miscellaneous patient information.

3. Claimstronic PMS keeps track of who created the note, date note was created, etc. By assigning an **Alarm Date**, this prompts the system to place the note in a **Tickler File** for future notification. Refer to section **10.1.3-Tickler Report.**

6.7.2 Case Management Information

To enter or edit a patient case:

1. Select on new or edit in the "bottom" section of the **Additional Pat Info** to access the Case Management window

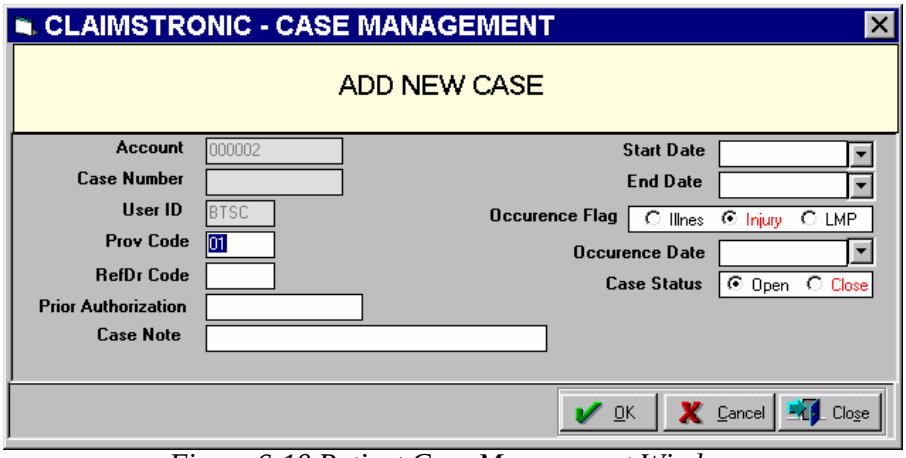


Figure 6-10 Patient Case Management Window

The patient **Case Management** allows you to store information such as worker's compensation and litigation information. It can also be used to keep track of authorization numbers obtained for the patient. During claim entry you will be prompted to choose a case pertinent to that claim. Claimstronic PMS will then populate the data into the claim automatically. **Refer to Section 7.2-Entering a claim Manually**.

CASE MANAGEMENT TABLE ITEMS	
Account	Patient's account number
Case Number	Claimstronic PMS automatically assigns a case number
User ID	Person responsible for creating the case
Prov Code	Physician that the case applies to
RefDr Code	The referring doctor that either sent the patient to you or to whom you obtained an authorization number for
Prior Authorization	Insurance authorization number
Case Note	Information pertaining to the case
Start Date	Date user started the case.
End Date	Date user ended the case.
Occurrence Flag	Type of visit as it relates to the case
Occurrence Date	The onset date of symptoms or accident
Case Status	Determines is the case is active or inactive

6.7.3. Updating Dependent Address Information

Claimstronic PMS offers the ability to update all dependent address information at one time from the guarantor account.

1. Refer to **Section 6.1 Finding an Existing Patient** and **Section 6.2.1 Editing an Existing Patient Account** for instructions on how to update the guarantor's information.
2. From the **Additional Patient Information** window, click on the **AddrUpd** button.

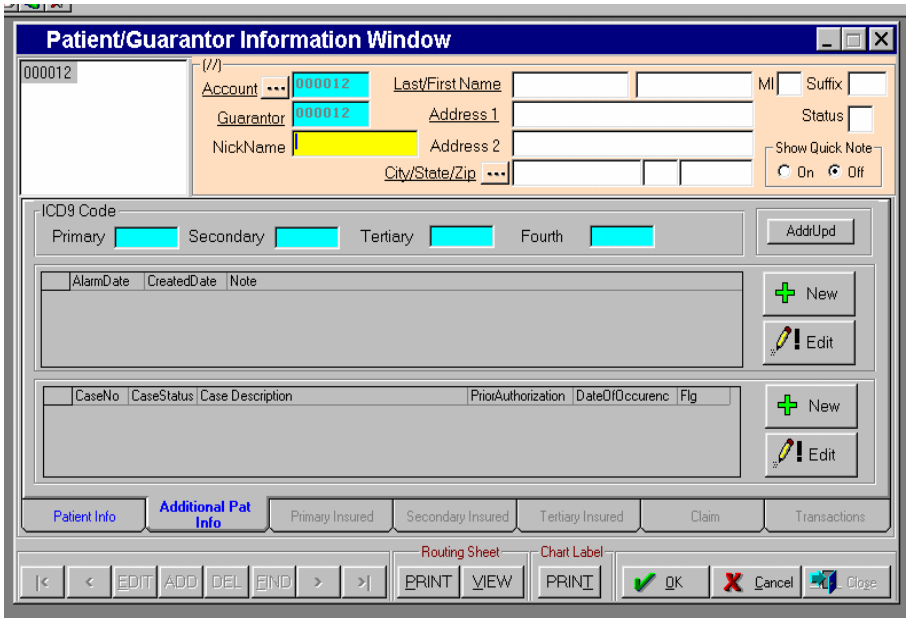


Figure 6-11 Additional Patient Information Window-AddrUpd Option

3. The following message will appear:

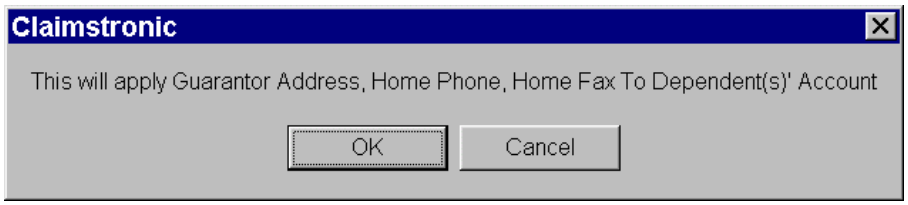


Figure 6-12. AddrUpd Message

4. Click on **OK** to update all dependent accounts or click **Cancel** to close without committing any updates.

7. Claim Entry

Whether you choose to enter your claims manually or by taking advantage of Claimstronic PMS state of the art scanning system, you will find all data screens user friendly and easy to manage.

7.1 Entering a New Claim via Scanning

1. You will need to print all the routing sheets with their bar codes. Refer to **Section 4.1.1 System Tab**.
2. Using the infrared line as a guide, simply scan over the patient name, diagnosis codes and transaction codes.
3. If a copayment is due, you are able to scan that in as well.
4. Review the **Claim** tab to manually add any additional information.
5. Scan the **Save** option and you're done.
6. Refer to sections **7.2 Entering a New Claim Manually**, **7.3 Entering a Payment** and **7.4 Creating Claim Notes** for instructions on posting items manually.

Figure 7-1. Routing Sheet Bar Code Format

7.2 Entering a New Claim Manually:

There are two ways to access the Claim Entry window:

- From the Claimstronic PMS menu bar, click on **Patient Billing**, and select **Patient** or click on the **Patient** icon ( ) from the toolbar.
- From the Patient/Guarantor Information window, select the account that you want to check (refer to **Section 6.2 – Finding an Existing Patient** for instructions), and then click on the **Claim** tab to view the Claim page.

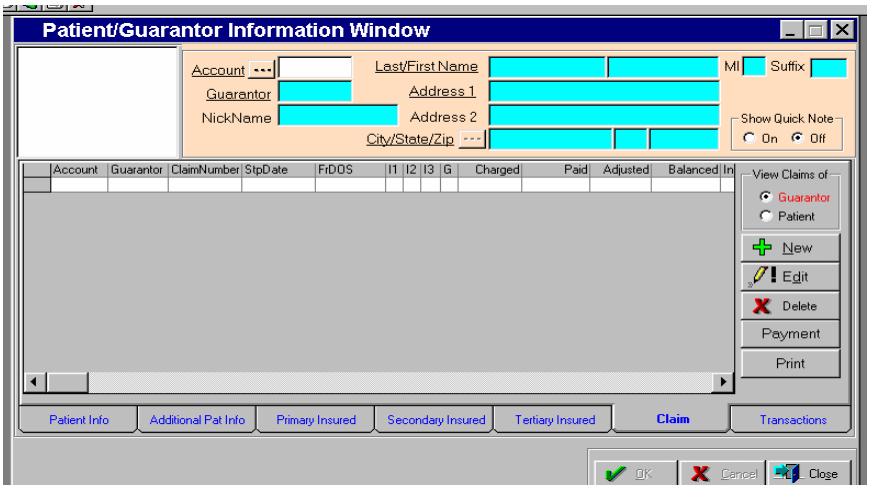


Figure 7-2. Patient/Guarantor Information Window – Claim Page

- From the **Claim** page, click on **New or Alt N**. The Claim window appears on your screen with the Claim page as the default view.
- Select a **"Case"** (refer to **Section 6.7.2 Case Management Information**) or hit **"esc"** if there is not a case related to this claim

Or

- From the Claimstronic PMS menu bar, click on **Patient Billing**, select **Claims** and click on **Add/Edit Claims**.

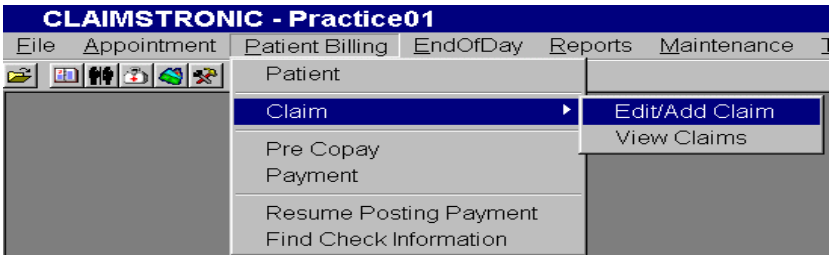


Figure 7-3. Patient Billing Menu-Claim-Edit/Add Claim Option

- From the **Claims Information** window, click on **Add New Claim** to access the **Claim Entry** window. Refer to **Section 9.5 Quick View of Claims** for information regarding the **Show Claim List** option.

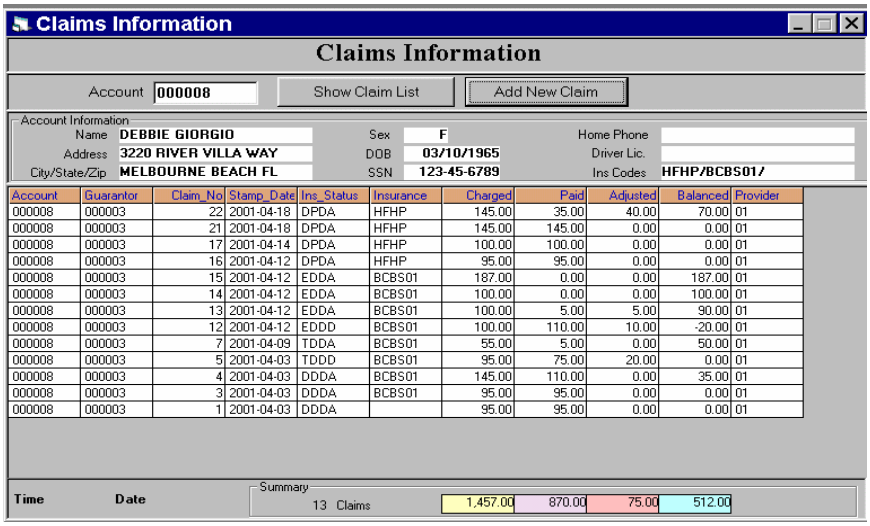


Figure 7-4. Claims Information Window

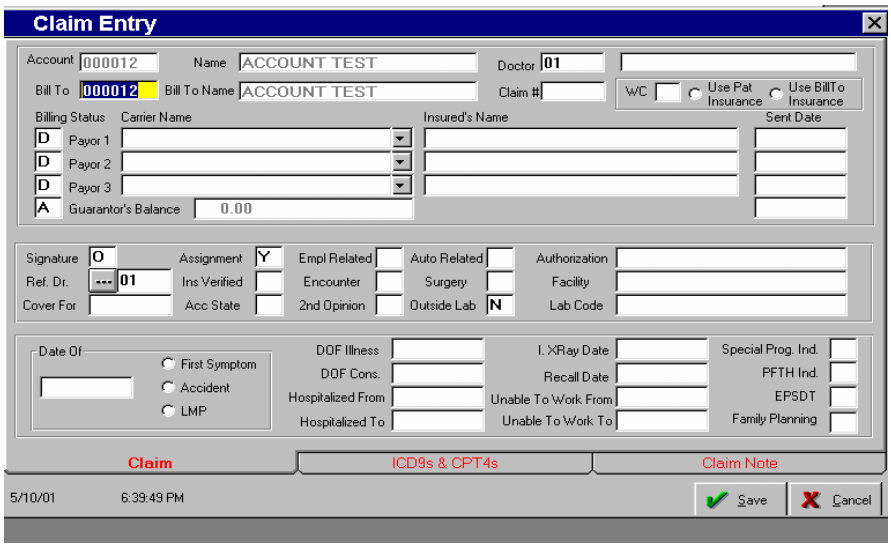


Figure 7-5. Claim Window

1. Required data, such as doctor's name, billing status, guarantor's balance, etc. automatically populate into their appropriate fields from the Patient/Guarantor Window. Grayed fields are not configurable, which means that you cannot change them.

   - You can change the "bill to" and the "provider of service" by overriding the existing information with the new.
   - You are able to choose which insurance company this claim is to be filed with by clicking on the drop down box and selecting the correct carrier. This will not change the active carrier in the Patient/Guarantor Window.
   - If you have created a **Case Management**, the information such as date of illness, authorization number, etc. will populate into the correct fields. If you did not create a case, you will need to manually insert the required data.
   - Complete the **Claim** information by inserting the remaining data and proceed to the next step.

CLAIMS DATA ITEMS

Bill To	The account to which the claim will be billed.
Bill To Name	The name associated with the account number to which the claim will be billed.
Doctor	The code and the name of the patient's provider.
WC	Enter **Y** or **N** to indicate whether this claim is to be filed under worker's compensation. Press **F2** to display a list of acceptable values.
Billing Status The code for the status of the billing procedure for the claim. Press **F2** to display a list of acceptable codes.	
E: Electronic	The file has been successfully printed and ready for delivery to the payor.
P: Paper	The payor accepts claims only in paper form. After printing the file, this status must be updated to T (Printed).
S: Sent	The file has been sent to the appropriate clearinghouse
T: Printed	The file has been successfully printed and ready for delivery to the payor.
D: Done	The claim has been paid.

CLAIMS DATA ITEMS CONT.,

H: Hold	Temporarily holds the processing of the claim
G: Statement to Guarantor	Refers to Guarantor specific claims.
C: Statement to PAT	Refers to Patient specific claims.
A: Active	This code is valid only for Guarantor's Balance. It signifies that the guarantor still has a balance.
Carrier Name	Name of the insurance organization associated with this claim.
Insured's Name	The name of the insured individual.
Guarantor's Balance	The code for the status of the guarantor's remaining balance. Press **F2** to display a list of acceptable codes.
Sent Date	The date the bill was sent to the insurance organization. Must be entered as MM/DD/YYYY, i.e., 12/10/1962.
Signature	The code used to indicate whether there is a signature from the patient on file. Press **F2** to display a list of acceptable codes.
Assignment	Enter **Y** or **N** to indicate whether the provider has a signed form authorizing the payor to pay the provider, and whether the provider accepts such a payment arrangement. Press **F2** to display a list of acceptable values.
Empl Related	Enter **Y** or **N** to indicate whether this claim is employment related. Press **F2** to display a list of acceptable values.
Auto Related	Enter **Y** or **N** to indicate whether this claim is automobile accident related. Press **F2** to display a list of acceptable values.
Authorization	The code for authorizing this claim, often times assigned by a claims officer or the insurance organization.
Ref. Dr.	The code for the referring doctor. Press **F2** to display a user-definable list of referring doctor codes.
Ins Verified	Enter **Y** or **N** to indicate whether insurance has been verified to exist. Press **F2** to display a list of acceptable values.
Encounter	Enter **Y** or **N** to indicate whether this claim is an encounter claim in which the provider has contractually agreed to see this patient. Press **F2** to display a list of acceptable values.

CLAIMS DATA ITEMS CONT.,

Surgery	Enter **Y** or **N** to indicate whether this claim involved surgery. Press **F2** to display a list of acceptable values.
Facility	The code for the facility other than the provider's office, where services were rendered. Press **F2** to display a list of acceptable facility codes.
Cover For	The code for the doctor that is being substituted. Press **F2** to display a user-definable list of doctor codes.
Acc State	The code for the state in which the accident occurred. Press **F2** to display a list of acceptable state codes.
2nd Opinion	Enter **Y** or **N** to indicate whether this claim is a 2nd or 3rd opinion for the patient. Press **F2** to display a list of acceptable values.
Outside Lab	Enter **Y** or **N** to indicate whether services were rendered outside the provider's facilities. Press **F2** to display a list of acceptable values.
Lab Code	The code for the laboratory outside the provider's lab, where services were rendered. Press **F2** to display a list of acceptable lab codes.
Date Of	Using the radio buttons, the date of the patient's first symptom, accident, or LMP (Last Menstrual Period) can be defined here. Must be entered as MM/DD/YYYY, i.e., 12/10/1962.
DOF Illness	The date of the patient's first illness. Must be entered as MM/DD/YYYY, i.e., 12/10/1962.
I. XRay Date	The date of the patient's initial XRay. Must be entered as MM/DD/YYYY, i.e., 12/10/1962.
DOF Cons.	The date of the patient's first consultation. Must be entered as MM/DD/YYYY, i.e., 12/10/1962.
Recall Date	The date the patient is scheduled to return for further consultation. Must be entered as MM/DD/YYYY, i.e., 12/10/1962.
Hospitalized From	The date on which the patient's hospitalization began. Must be entered as MM/DD/YYYY, i.e., 12/10/1962.
Unable To Work From	The date on which the patient was unable to work. Must be entered as MM/DD/YYYY, i.e., 12/10/1962.
Hospitalized To	The date on which the patient's hospitalization terminated. Must be entered as MM/DD/YYYY, i.e., 12/10/1962.

Unable to Work To	The date on which the patient was able to return to work. Must be entered as MM/DD/YYYY, i.e., 12/10/1962.
Special Prog. Ind.	The code used to indicate whether the services included within the claim are related to a special program. Press **F2** to display a list of acceptable special program codes.
PFTH Ind.	
EPSDT	Well exam specifically related to Medicaid
Family Planning	

2. Click on the **ICD9 & CPT4** tab to enter all data related to the service charge. All fields have a "search" option. While in the data field choose the **F2** key or the click on the ellipsis (...) to see a pull-down list or a window containing a list of available options.

   - You can manually enter your diagnosis codes or utilize the search option. Only four diagnosis codes can be entered per claim.
   - You can manually type in the "from date of service" or hit the enter key for the system to insert the "current" date into the procedure line. If all services were performed on the same day you can hit the **(=)** sign twice or choose the **F5** key to insert the current date into the additional procedure lines. As with the diagnosis codes, you have an option to manually or by search option, enter the ICD9 or procedure code. The information previously entered for the procedure code (refer to **Section 4.3.2- Procedure Table**) will populate into the appropriate fields. You can modify or add to a procedure line as necessary. You are not able to change the provider of service from the procedure line. You must do this through the **"Claim"** tab.
   - You can delete a procedure line by highlighting and selecting **Delete Proc Line**. Careful consideration should be taken when deleting a procedure line. The deletion is permanent and should only be used during current day posting for correcting errors prior to the claim be submitted to the insurance carrier.
   - If you have do not have a copayment to post to this claim click on the **Save** button or **Alt S** to save this claim.

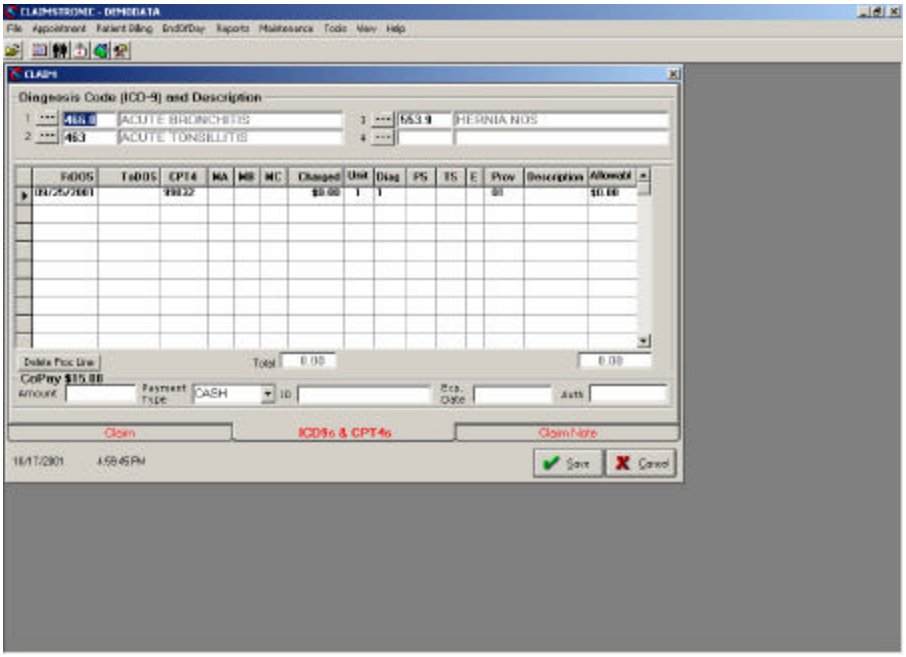


Figure 7-6. Claim Window - ICD9 & CPT4 Page

ICD9 &CPT4 DATA ITEMS

Diagnosis Code (ICD-9) and Description	The code and the description of the diagnosis associated with this claim. Click on the ··· button or press **F2** to display a user-definable list of diagnosis codes.
FrDOS	The start date, or service date, for each consultation, service or performed procedure. Must be entered as MM/DD/YYYY, i.e., 12/10/1962.
ToDOS	The end date for each consultation, service of performed procedure if the service end date is different from the service start date. Must be entered as MM/DD/YYYY, i.e., 12/10/1962.
CPT4	The code used to classify the service, supply, or procedure rendered. Press **F2** to display a user-definable list of CPT4 codes.
MA, MB, MC	The modifier code from the HCPCS uniform classification system used to identify special circumstances associated with the corresponding procedure code entered.
Charged	The dollar amount associated with the performed procedure or service.
Units	The quantitative measure of: • identical medical or surgical services • performed;

	• the supply units provided for the • corresponding procedure code.
Diag	The diagnosis indicator, i.e., 1, 2, 3, 4, for which this service or procedure is being performed.
PS	The code for the place where services were rendered. Click on the button to display a user-definable list of acceptable place-of-service codes.
TS	The code used to classify the service, supply, or procedure rendered. Click on the button to display a user-definable list of acceptable type-of-service codes.
E	Enter **Y** or **N** to indicate whether emergency care was rendered in response to the sudden and unexpected onset of a medical condition; a severe injury; or an acute exacerbation of a chronic condition which was threatening to life, limb or sight, an which required immediate medical or surgical treatment.
Prov	The code for the provider rendering the service or procedure. Press **F2** to display a user-definable list of provider codes.
Description	The description associated with the CPT4 code.
Amount	The dollar amount paid by the patient for this claim as the CoPay.
Payment Type	The method of CoPay payment. Click on the button to display a list of acceptable payment types.
ID	The code or number associated with the payment type, i.e. if payment is made by a credit card, the ID would be the credit card number. If payment is made by a check, the ID would be the check number.
Exp. Date	The expiration date of the credit card, if payment was made by a credit card.
Auth	The authorization code of the transaction, if necessary.

7.3 Entering a Payment

At times a patient may make a copayment, partial payment or pay the claim in full at the time of service. The copayment amount due will appear in the bottom left corner of the **ICD9 & CPT4** screen. Simply type in the amount of the payment and save the claim. If you determined through the Patient/Guarantor Window (refer to **Section 6.3- Creating Insurance Insured Information**) the copay amount due and designated the system to **Check Copay Before Save** (refer to **Section 4.1.3- Claim Tab**) Claimstronic PMS will prompt for a copayment before allowing to the claim being saved.

7.3.1 Pre-Copayment List

The **Pre Copay** function is a valuable resource for documenting and keeping track of copayments received and posted. Especially if you collect the copays prior to the patient being seen.

1. From the Claimstronic PMS main menu screen choose **Patient Billing** and select **PreCopay**

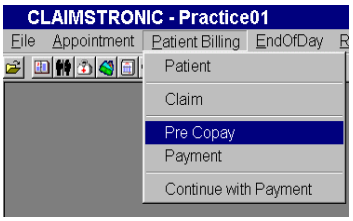


Figure 7-7. Patient Billing Menu- Pre-Copay Option

2. When the **PreCopay List** window appears enter the patient's name, type of payment, amount of payment and the check or credit card ID number. Choose **Save Copay** or **Alt S** and the entry will be added to the list.

3. Once you have entered the copayment, from the **PreCopay List** select the appropriate patient and choose **Delete** or **Alt D** to remove them from the list.

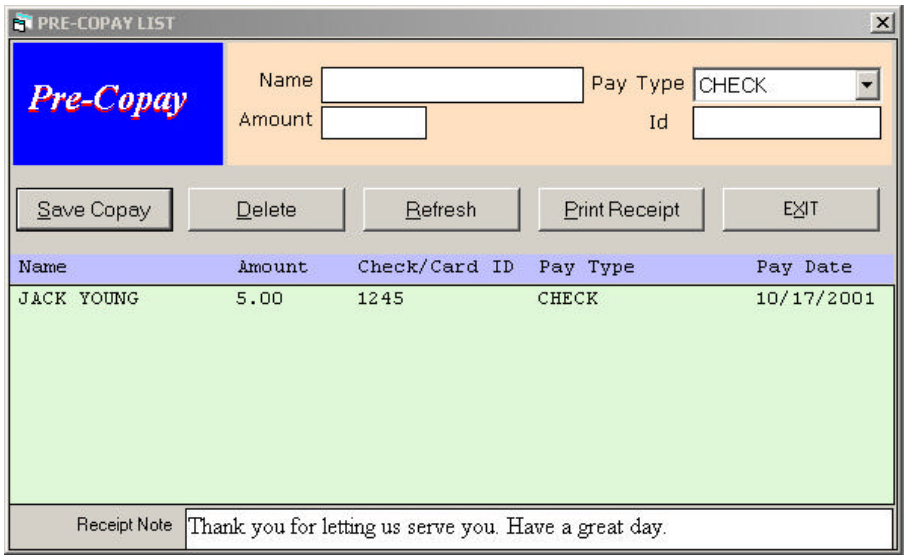


Figure 7-8. PreCopay List Window

7.3.2 Posting a CoPayment

1. Without closing the **ICD9&CPT4** window and prior to saving the claim, access the **PreCopay List** window as previously instructed.

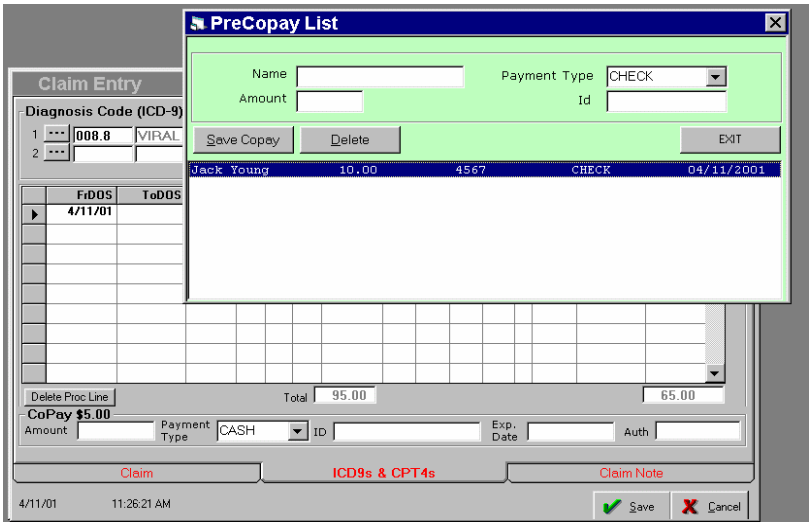


Figure 7-9. Selecting Copayment from PreCopay List

2. From the **PreCopay List** select the patient payment you wish to apply to the claim. Using your mouse, “left click” the control buttons, while holding down on the button, drag the payment to the copayment slot within the claim and release. The payment will populate into the payment field.

3. The payment is removed from the list. **Exit** the **PreCopayList** window, save your claim.

Note: If you do not save your claim after posting the copayment, the system will inform you that it will return the payment to the PreCopay List.

7.3.3 Posting a Claim Payment and Adjustment

This section refers to posting an individual payment to a patient's claim. For instructions on posting multiple patient and insurance payments refer to ***Section 8. Payment and Adjustment Entry.***

1. Once you have entered and saved your claim, you are now able to post a payment and adjustment to the claim.

2. From the Patient/Guarantor Window-Claim Tab, select the **Payment** button. The payment screen will appear.

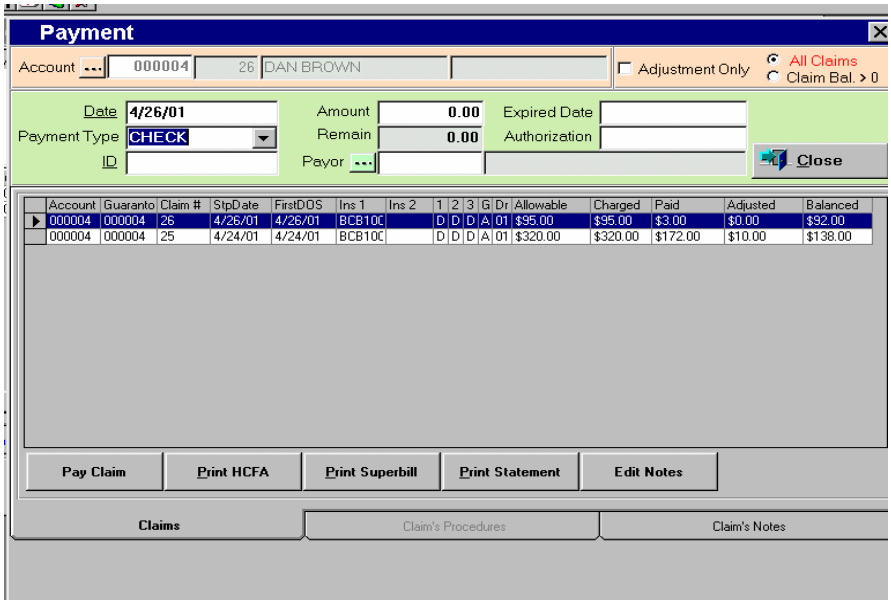


Figure 7-10. Payment Window

3. Utilizing the tab key to advance through the fields enter the payment type and payment amount. Claimstronic PMS will automatically fill in the payor information.

4. Verify the claim that the cursor is on is the claim that you are applying the payment and hit enter. If not, with the arrow keys, scroll to the correct claim and hit enter.

5. Choose the correct payor making the payment on the account from the **Claims Payor List**.

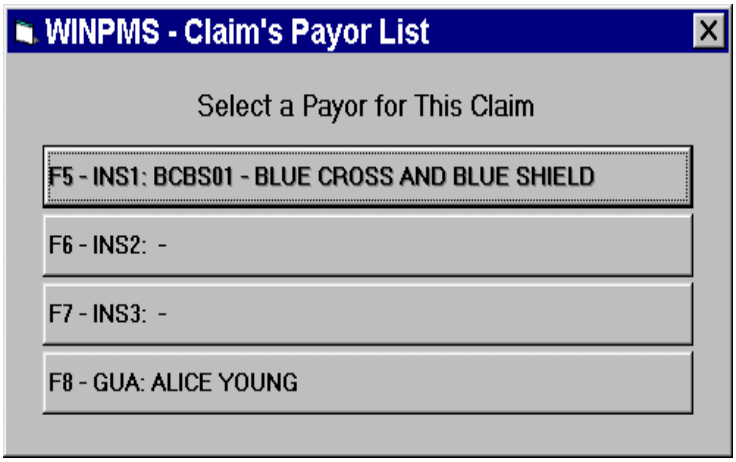

WINPMS - Claim's Payor List
Select a Payor for This Claim
F5 - INS1: BCBS01 - BLUE CROSS AND BLUE SHIELD
F6 - INS2: -
F7 - INS3: -
F8 - GUA: ALICE YOUNG

Figure 7-11. Claims Payor List

6. Enter the payment amount into the **C.Pay** column. If you are not posting an adjustment click **Okay** or **Alt O** to save the payment.

   - Claimstronic PMS keeps a running tally of the amount posted to each line item in the Payment box found on the left side of the payment screen.

7. If you are entering an adjustment in addition to the payment, enter the adjustment amount in **C.Adj** column. Enter the appropriate adjustment code by manually entering the code number or by utilizing the drop down box for a list of options. Save by clicking **Okay** or **Alt O.**

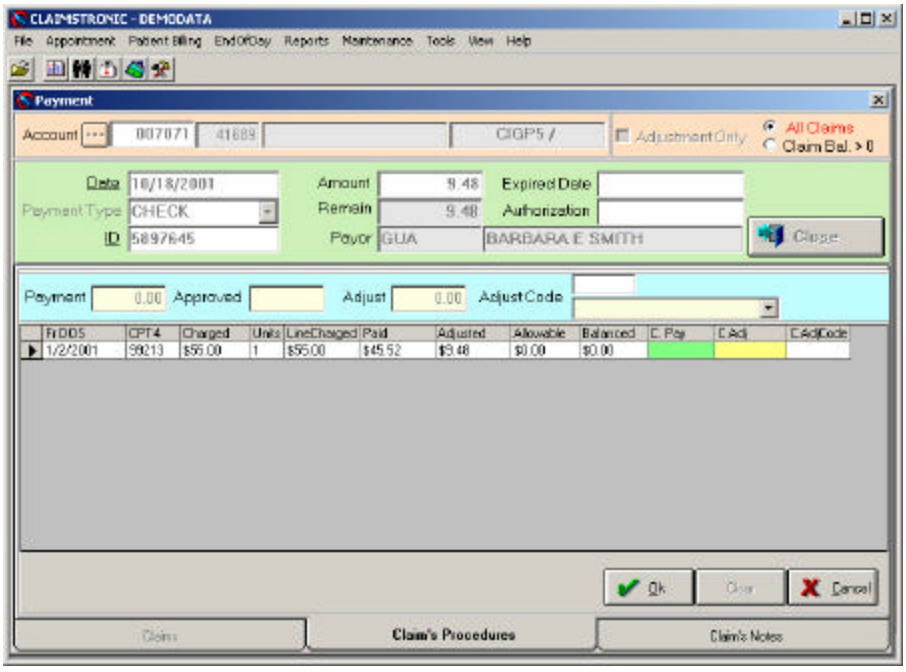


Figure 7-12. Payment Screen

7.4 Creating Claim Notes

Claim notes are a valuable tool for billing and collections and can provide a follow-up method to assist in those departments.

1. To add a **Claim Note** to an account, access the patient's account. From the Claimstronic PMS menu bar, click on **Patient Billing**, and select **Patient** or click on the **Patient** icon ( ) from the toolbar.
2. From the Patient/Guarantor Information window, select the account that you want to check (refer to **Section 6.2 – Finding an Existing Patient** for instructions), and then click on the **Claim** tab to view the Claim page.
3. From the Claim page, choose the claim you want to add a note and click on **Edit or Alt d**, and then click on the **Claim Note** tab to view the Claim Note page.

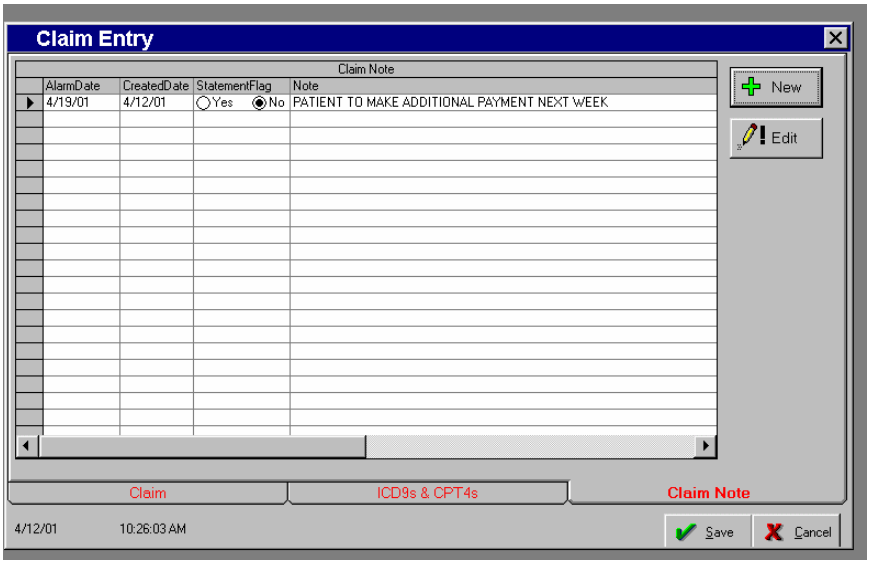


Figure 7-13. Claim Window – Claim Note Page

Note: You cannot add a claim note while creating a new claim. You can only add a claim note to an existing claim.

4. Click on **New**. This will open the **Account/Claim Notes** window.

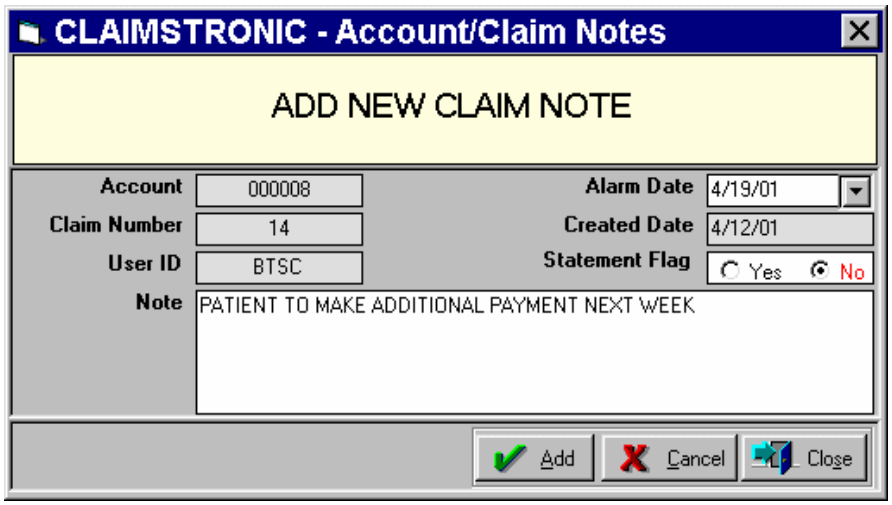


Figure 7-14. Account/Claim Notes Window

5. Claimstronic PMS automatically assigns the account number, the claim number that the note is attached to, the user creating the note and the date the note was created.
6. Type your note in the Note section of the window.
7. Assign the **Alarm Date** (follow-up date). This will drop the note to the **Tickler Report** (refer to ***Section 10 Tickler Report***).
8. If you want this note to print on the patient's statement, select "yes" in the **Statement Flag** box. Claimstronic PMS defaults to "no".
9. To commit your entries, click on **Add** or **Alt A.**
10. To disregard your entry, click on **Cancel**
11. Click on the **Close** button (☒) to close the window

7.5 Printing a SuperBill and Patient Statement

A SuperBill is a slip/receipt issued to the patients after the visit is complete and a claim created. This slip is generated based on the information specified by the doctor in the Routing sheet. The SuperBill can be used to submit to the patient's insurance company.

A Patient Statement is an itemization of a claim (s) that shows the account activity such as charges and payments.

To print a SuperBill:

1. From the Claimstronic PMS menu bar, click on **Patient Billing**, then on **Patient**, or click on the **Patient** icon ( ) from the toolbar.
2. From the Patient/Guarantor Information window, click on the **Claim** tab to open the Claim window.
3. From the Claim window, click on the **Print** button and select **Superbill**.
4. From the Claim Window, click in the **Print** button and Select **Stateme nt**. You will have an option to choose the current claim or all claims for the account. (For instructions on monthly statement billing, refer to section **9. Patient Statements.**)
5. After successfully printing, click on **Close** to exit the window.

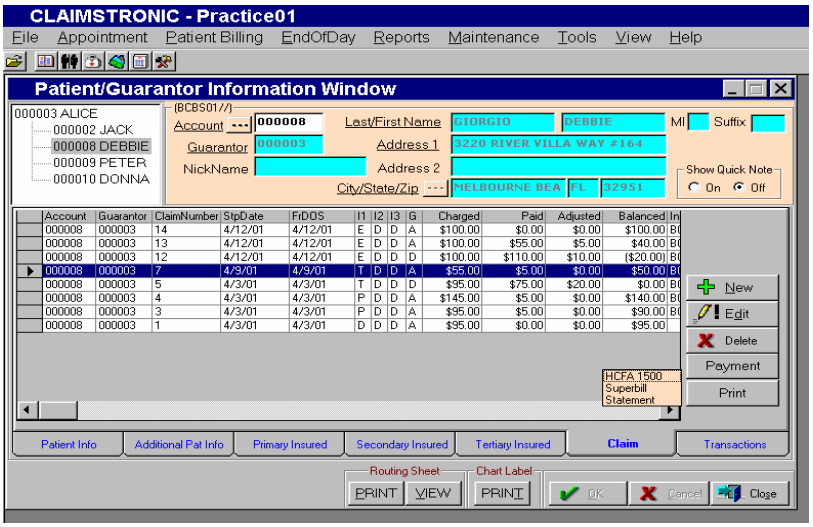


Figure 7-15. Printing A Superbill

7.6 Editing, Correcting and Resubmitting Claims

7.6.1 Changing the Billing Status

You may from time to time need to resubmit an insurance claim. If the insurance carrier has not changed, Claimstronic PMS offers the ability to reassign the claim for submitting.

6. From the Claimstronic PMS menu bar, click on **Patient Billing**, and select **Patient** or click on the **Patient** icon ( ) from the toolbar.

7. From the Patient/Guarantor Information window, select the account that you want to check (refer to **Section 6.2 – Finding an Existing Patient** for instructions), and then click on the **Claim** tab to view the Claim page.

8. From the Claim page, click on **Edit**. The Claim window appears on your screen with the Claim page as the default view.

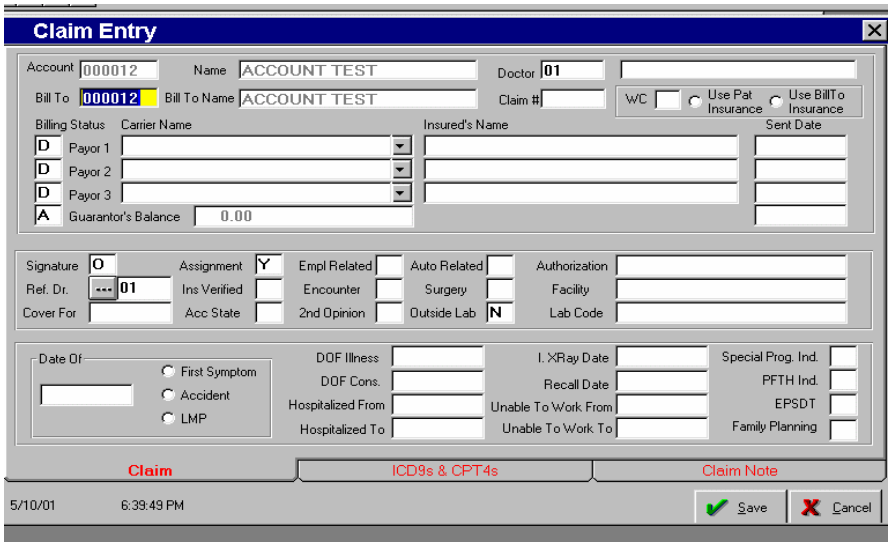


Figure 7-16. Claim Entry Screen

9. Locate the **Billing Status** column. In the textbox, you can either type in the status code or press **F2** to access the Billing Status window and select the desired status. The options available are:

   - **E**: Electronic
     The payor accepts electronic file of the claim. After the electronic file has been sent to the appropriate clearinghouse, this status must be updated to S (Sent).

   - **P**: Paper
     The payor accepts claims only in paper form. After printing the file, this status must be updated to T (Printed).

- **S**: Sent
  The file has been sent to the appropriate clearinghouse.
- **T**: Printed
  The file has been successfully printed and ready for delivery to the payor.
- **D**: Done
  The claim has been paid.
- **H**: Hold
  Temporarily holds the processing of the claim.
- **G**: Statement to Gua
  Refers to Gua-specific claims.
- **C**: Statement to PAT
  Refers to PAT specific claims.
- **A**: Active
  This code is valid only for Guarantor's Balance. It signifies that the guarantor still has a balance.

10. After making your selection, click on **Close**.

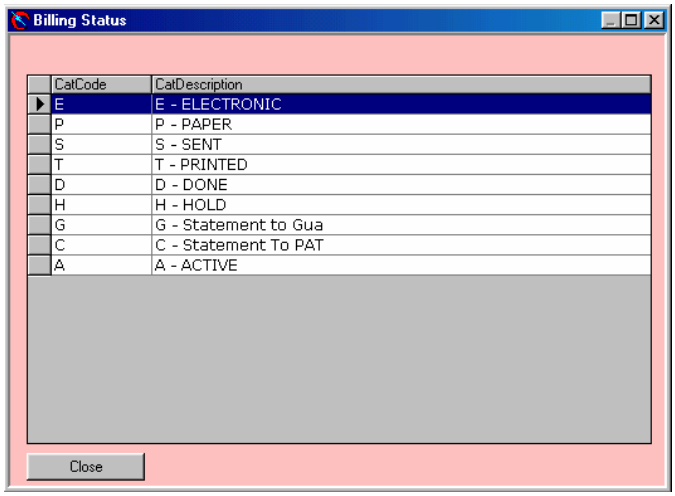


Figure 7-17. Billing Status Window

11. To check if the claims gets submitted electronically and if the insurance/payor accepts electronic file or paper form:

    a. From the Claimstronic PMS menu bar, click on **Maintenance** and select **Insurance Code**. This will lead you to the Insurance Table screen.

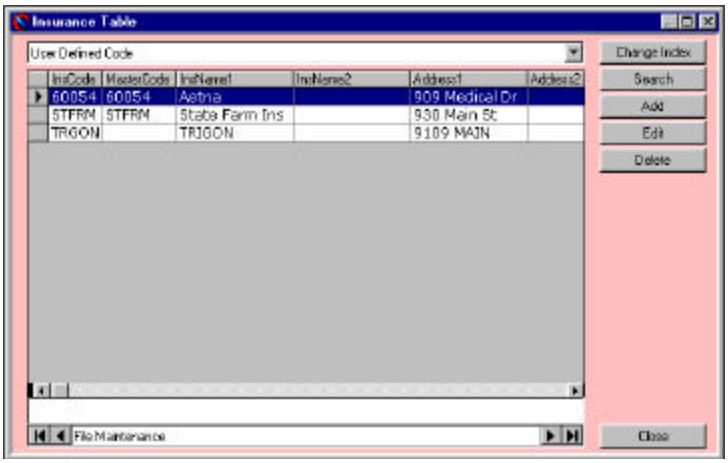


Figure 7-18. Insurance Table Screen

b. From the Insurance Table Screen, select the insurance company and click on **Edit**.

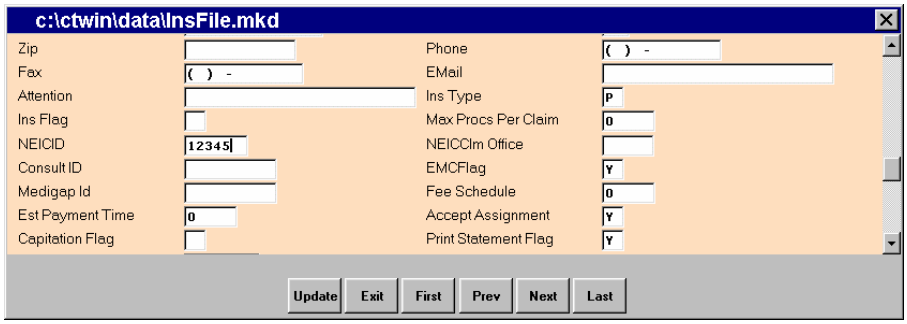


Figure 7-19. Add/Edit Insurance Record Window

c. From the Add/Edit Insurance Record window,

- If the **EMCFlag** is "Y", this claim is sent from your office electronically.
- If the **NEICID** field has a number in it, this means the insurance accepts from the clearinghouse, the claim electronically.

d. Click on **Exit** to close the window.

7.6.2 Correct an Existing Claim and Re-Queue to Submit

Reasons for needing to correct and resubmit a claim can be anywhere from adding a modifier to a transaction; incorrect insurance information or the claim was never received.

1. To correct an existing claim and re-queue to submit:

2. From the **Patient Billing** pull-down menu off the Claimstronic main menu, first select **Claim,** and then select **Edit/Add Claim**.

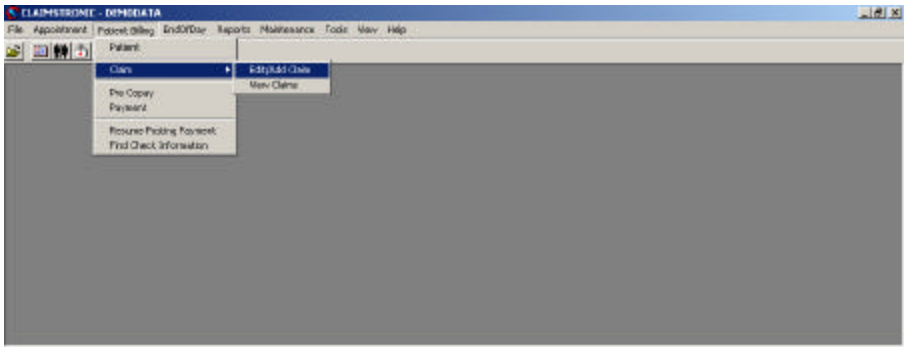


Figure 7-20. Quick Access to Existing Claims

3. Specify the desired parameters on the **Claims Information** window to generate a list of matching claims and click **Ok** or **Alt O**.

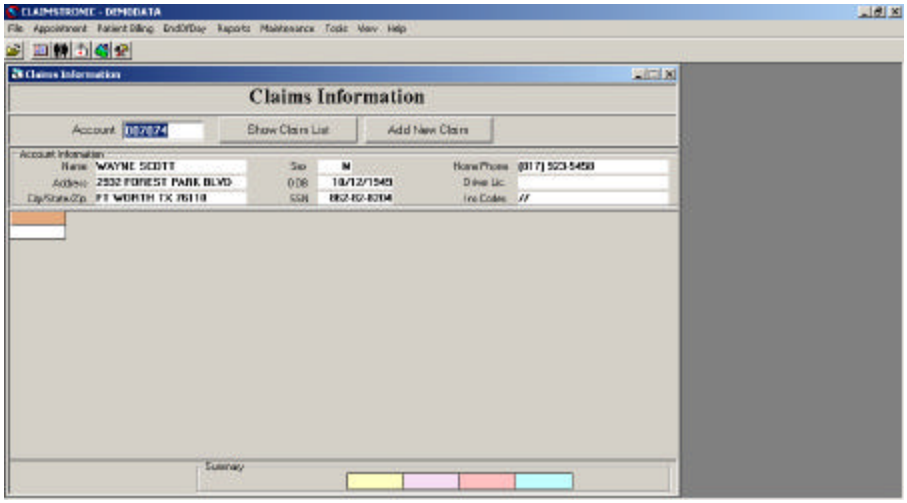


Figure 7-21. Claims Information Window

4. View the Account Information section to verify you have the correct claim. Double-click on the record for the claim to be edited. This will lead you to the Claims editing window.

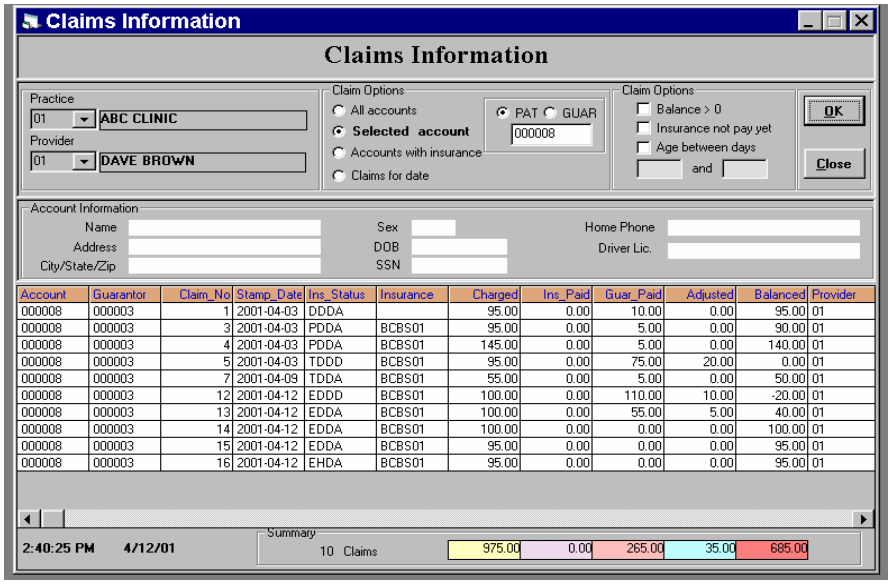


Figure 7-22. Generated Claims Listing

7.6.2.1 Reflag A Claim

1. From the Claim editing window, locate the claim to edit. Locate the **Billing Status** Claim tab and change it to the appropriate status. For more details on how to change the billing status, refer to **Section 7.6.1 – Changing the Billing Status and the Carrier Name**.

7.6.2.2 Changing/Updating Insurance On An Existing Claim

1. From the Claimstronic PMS menu bar, click on **Patient Billing**, and select **Patient** or click on the **Patient** icon ( ) from the toolbar.
2. From the Patient/Guarantor Information window, select the account that you want to update (refer to **Section 6.2 – Finding an Existing Patient** for instructions), and then click on the **Primary, Secondary or Tertiary** tab to view the Insurance tab to be updated.
3. Select **New** to add a new insurance or **Edit** to update an existing insurance company. For instructions on entering an insurance company, refer to **Section 6.3- Creating Insurance/Insured Information.**
4. Once the insurance information has been updated, click on Ok or Alt O to save your changes.
5. Following the instructions from section **7.6.2 Correct An existing Claim and Re-Queue to Submit,** locate the claim you need to correct.
6. Locate the carrier name to change, utilizing the drop-down box, select from the list of insurance companies.

7. Verify the billing status according to the carrier's parameters and save your entries. Refer to **Section 7.6.1 – Changing the Billing Status and the Carrier Name**.

7.6.2.3 Correcting Claim Line Items

1. Following the instructions from section **7.6.2 Correct An existing Claim and Re-Queue to Submit,** locate the claim you need to correct.

2. From the **ICD9&CPT4s** claim tab make the appropriate changes. Such as, adding a modifier or diagnosis, etc.

3. If the claim has already been submitted, click on the **Claim** and change the billing status. Refer to **Section 7.6.1 – Changing the Billing Status and the Carrier Name**.

4. Save your changes by clicking on Save or Alt S.

7.6.2.4 Resubmitting Claims

Once you have made the appropriate changes to flag a claim for resubmitting, you have two options in which to do so. These two options are either individually or within a batch.

To submit within a batch:

Refer to ***Section 9.1 Insurance and Billing***

To submit individually:

a) Resubmit a paper claim: From the **Claim** tab within the **Patient/Guarantor Window,** click on **Print.** Choose the **HCFA 1500** option and the select the insurance you are resubmitting. This will print an individual insurance form for that claim.

b) Resubmit an electronic claim: Refer to ***Section 7.6.1 Changing the Billing Status***

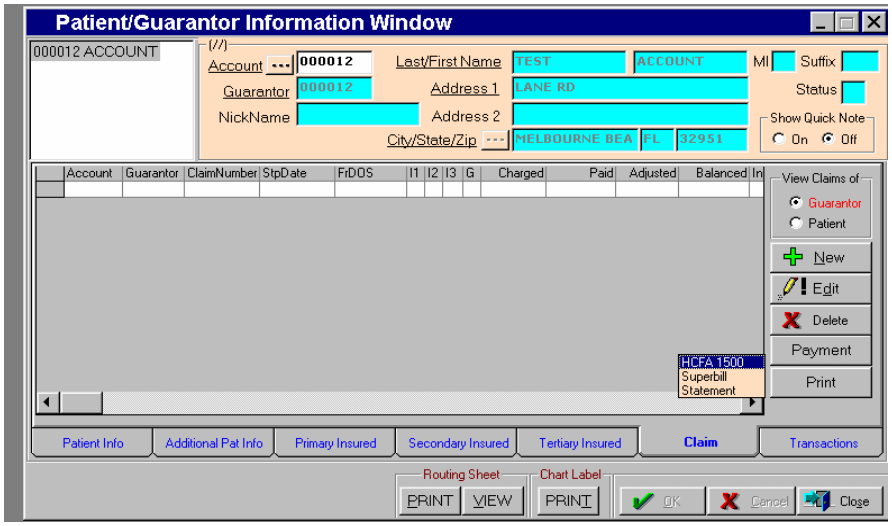


Figure 7-23. Choosing HCFA1500 From Patient/Guarantor Window

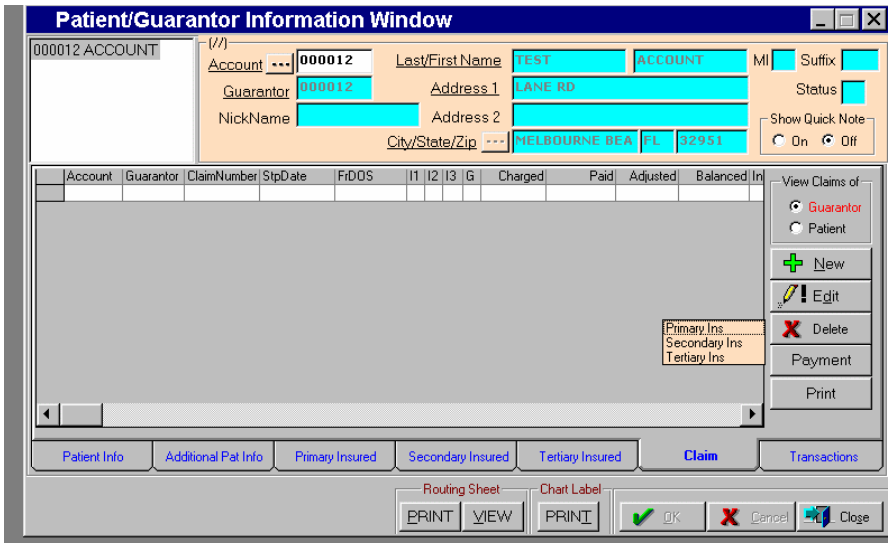


Figure 7-24. Selecting An Insurance From The Patient/Guarantor Window

8. Payment and Adjustment Entry

Claimstronic PMS offers a variety of options for posting and tracking your financial data. Each payment entry option functions differently in processing payment information.

- Payment and adjustment entry via the **Patient/Guarantor Information Window** allows individual claim posting options. Refer to **Section 7.3.3 Posting a Claim Payment and Adjustment**.
- Payment and adjustment entry via the **Payment** window through **Patient Billing** allows for multiple claim posting options without having to retype the check information for every account. This option is very useful when posting bulk payments.
- If during payment entry you are unable to complete posting of a check, Claimstronic PMS will keep track of all pending information via the **Resume Payment Posting** window found in the **Patient Billing** menu.

8.1. Entering Payment Information

This section pertains mainly to posting payments received in bulk through the mail or insurance payments from explanation of benefits.

To enter the Payment information:

1. From the Claimstronic PMS menu bar, click on **Patient Billing**, then on **Payment**, or click on the **Payment** icon ( ) from the toolbar.
2. When the Payment window appears, select the account that you want to post a payment or adjustment (refer to **Section 6.2-Finding an Existing Patient** for instructions). Fields that are underlined are required data. Claimstronic PMS will not save your entry until the fields have been completed.

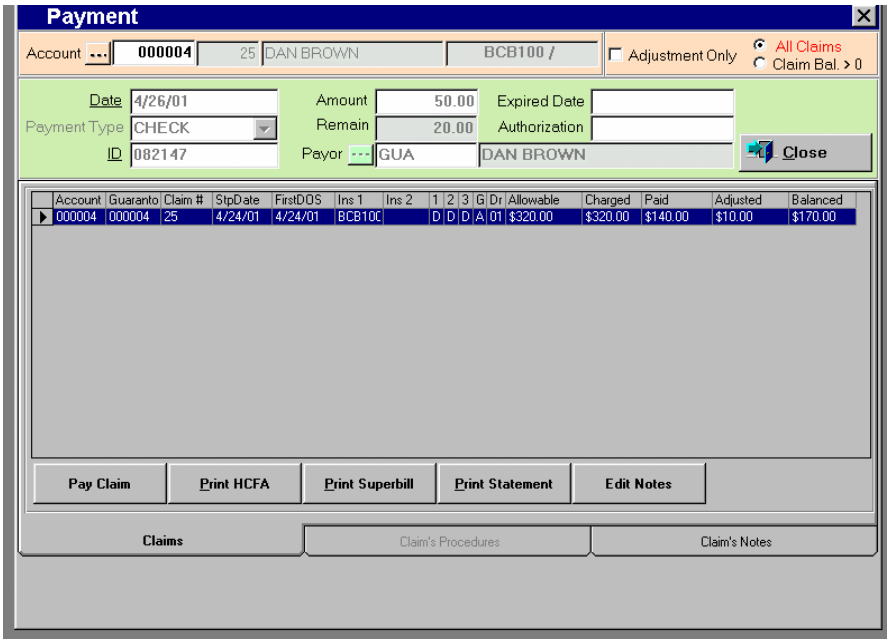


Figure 8-1. Payment Window

PAYMENT DATA ITEMS

Account	Patient's account number, current claim number and insurance associated with that claim
Adjustment Only	For adjustments only, requires no payment information
All Claims	View the list of all claims for the patient
Claim Bal >0	View the list of all claims with balances for the patient
Date	System automatically assigns current date.
Payment Type	Defines the payment as check, cash or credit card.
ID	Required for checks and credit cards.
Amount	Dollar amount of payment.
Remain	Dollar amount left if the full amount of payment was not posted.
Payor	The responsible party associated with the selected claim.
Expired Date	Expiration date of credit card.
Authorization	Approval number for electronic transactions.
Claims List	View of patient claims.

PAYMENT DATA ITEMS, CONT.,	
Pay Claim	Prompts the system to pay the selected claim.
Print HCFA	Prompts the system to produce an insurance claim form. Choose from primary, secondary or tertiary.
Print Superbill	Prompts the system to produce a patient superbill.
Print Statement	Prompts the system to produce a patient bill. Choose from current or all claims.
Edit Notes	Allows you to add or edit claims notations. Refer to **Section 7.4 Creating Claim Notes**.
Claims Tab	Initial payment screen for accessing claims for payment.
Claim's Procedure Tab	Active payment screen for line item posting.
Claim's Notes Tab	Screen for storing claim notations. Refer to **Section 7.4 Creating Claim Notes**.

3. Utilizing the tab key to advance through the fields enter the payment type and payment amount. Claimstronic PMS will automatically fill in the payor information.

4. Verify the claim that the cursor is on is the claim that you are applying the payment and hit enter. If not, with the arrow keys, scroll to the correct claim and hit enter.

5. Choose the correct payor making the payment on the account from the **Claims Payor List**.

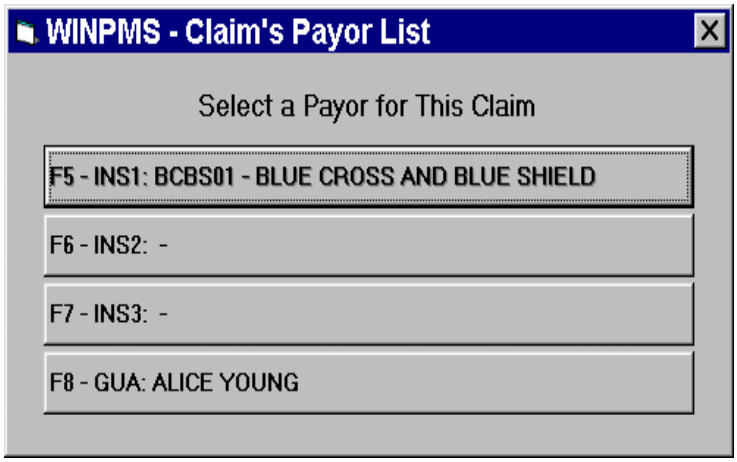

WINPMS - Claim's Payor List
Select a Payor for This Claim
F5 - INS1: BCBS01 - BLUE CROSS AND BLUE SHIELD
F6 - INS2: -
F7 - INS3: -
F8 - GUA: ALICE YOUNG

Figure 8-2. Claims Payor List

6. Enter the payment amount into the **C.Pay** column. If you are not posting an adjustment click **Okay** or **Alt O** to save the payment.

   - Claimstronic PMS keeps a running tally of the amount posted to each line item in the Payment box found on the left side of the payment screen.

7. If you are entering an adjustment in addition to the payment, enter the adjustment amount in **C.Adj** column. Enter the appropriate adjustment code by manually entering the code number or by utilizing the drop down box for a list of options. Save by clicking **Okay** or **Alt O.**

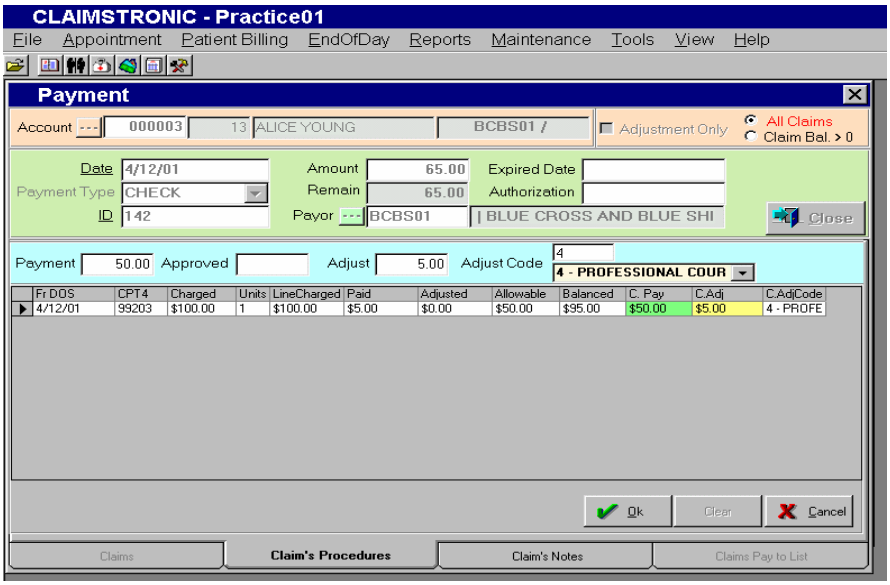


Figure 8-3 Payment Window- Claim's Procedures Option

8. Claimstronic PMS will automatically return the cursor to the **Account** field on the **Claims** window.

9. If the full amount of the check was not posted, the remaining balance will appear in the **Remain** field on the **Claim** window.

10. You may choose to enter payments to the same account by simply clicking on the next claim or use the arrow keys on your keyboard to scroll to the claim line.

11. If you are posting payments to multiple accounts, follow steps one through seven until the full amount of the check has been posted.

12. Save your entries by clicking on **Ok** or **Alt O**.

13. Exit the window by clicking on **Close** or by selecting the **(x)** on the top right side of window.

Note: *Upon exiting the Payment window, if there is any money remaining from the check, the following message will appear:*

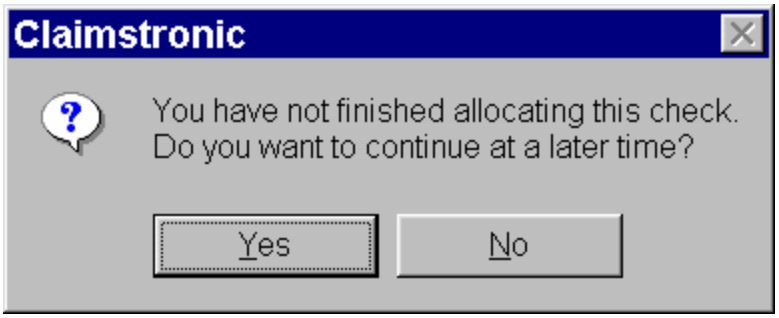


Figure 8-4 Claimstronic Warning Statement

*Answering **No** will return you to the Claims window so you can complete the posting process. Answering **Yes** prompts the system to place the remaining amount in a "holding" area to be posted later. Review **Section 8.3 Resume Posting Payment** for instructions.*

Very Important: *If you have any pending money to be posted, be aware that your **Deposit Slip Report** will show the full amount of the check and your **Journal Report** will only show the actual money posted. Unless you **Resume Posting Payment** on the same day, your reports will not balance properly. Refer to **Sections 10.1.1 Printing Journal Report and 10.1.2 Printing a Deposit Slip Report** for instructions on producing these reports.*

8.2. Entering Adjustment Information

1. From the Claimstronic PMS menu bar, click on **Patient Billing**, then on **Payment**, or click on the **Payment** icon ( ) from the toolbar.
2. When the Payment window appears, select the account that you want to post a payment or adjustment (refer to **Section 6.2-Finding an Existing Patient** for instructions). Fields that are underlined are required data. Claimstronic PMS will not save your entry until the fields have been completed.
3. Click on the **Adjustment Only** field.

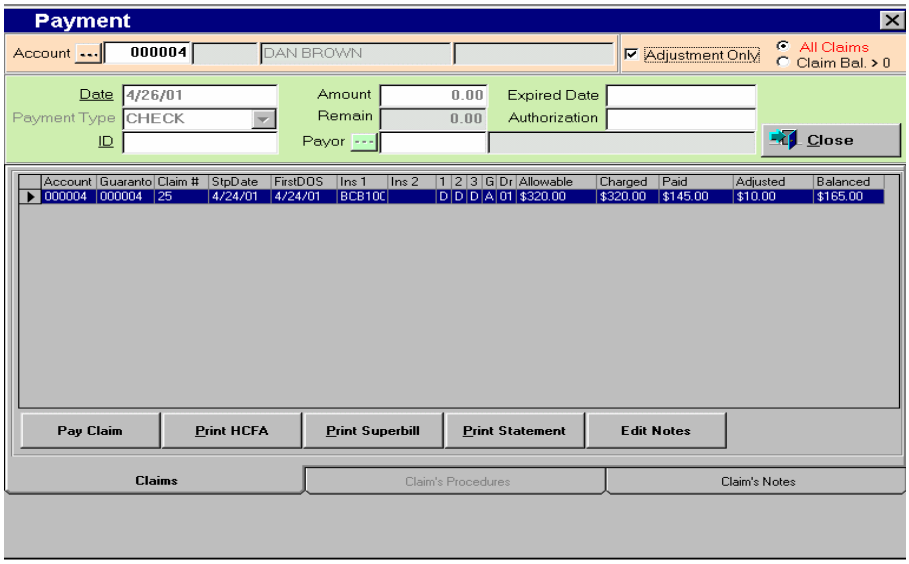


Figure 8-5 Payment Window-Adjustment Only Option

4. Verify the claim that the cursor is on is the claim that you are applying the adjustment and hit enter. If not, with the arrow keys, scroll to the correct claim and hit enter.

5. Enter the adjustment amount in **C.Adj** column. Enter the appropriate adjustment code by manually entering the code number or by utilizing the drop down box for a list of options. Save by clicking **Okay** or **Alt O.**

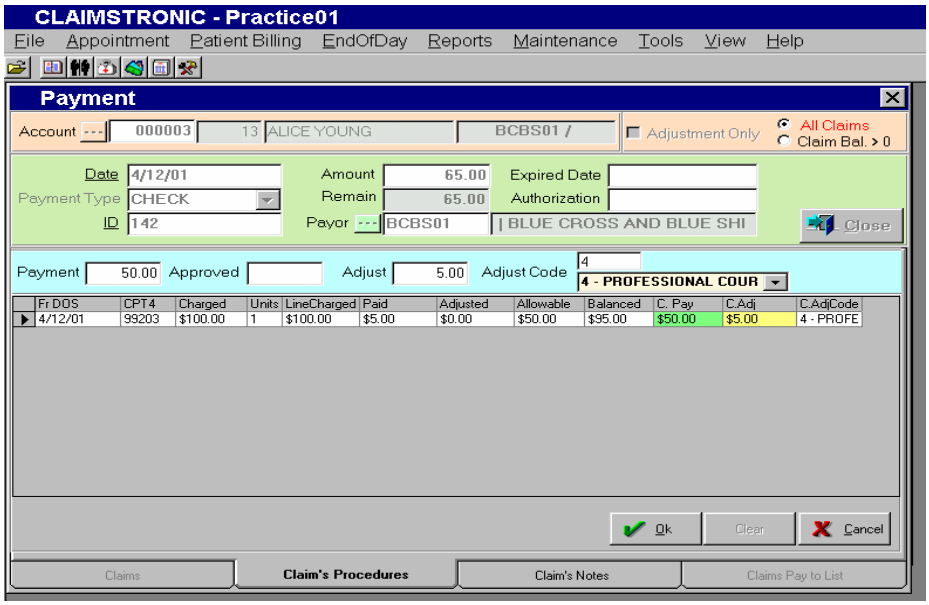


Figure 8-6 Payment Window- Claim's Procedures Option

8.3. Resume Posting Payment

As mentioned in **Section 8.1 Entering Payment Information** when you choose to continue with posting outstanding money, your **Journal Report** and **Deposit Slip Report** will be affected.

1. From the Claimstronic PMS menu bar, click on **Patient Billing**, then on **Resume Posting Payment.**

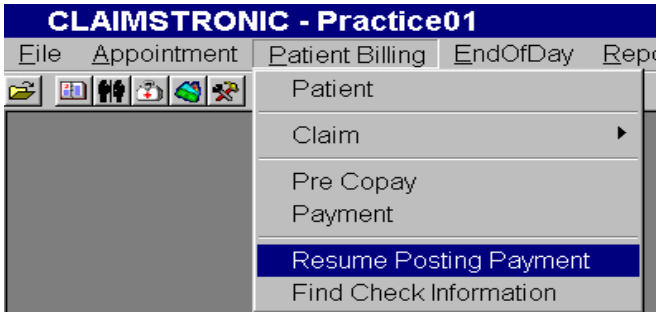


Figure 8-7 Patient Billing Window-Resume Posting Payment Option

2. You will be taken to the **Ledger** window that stores all unallocated money.

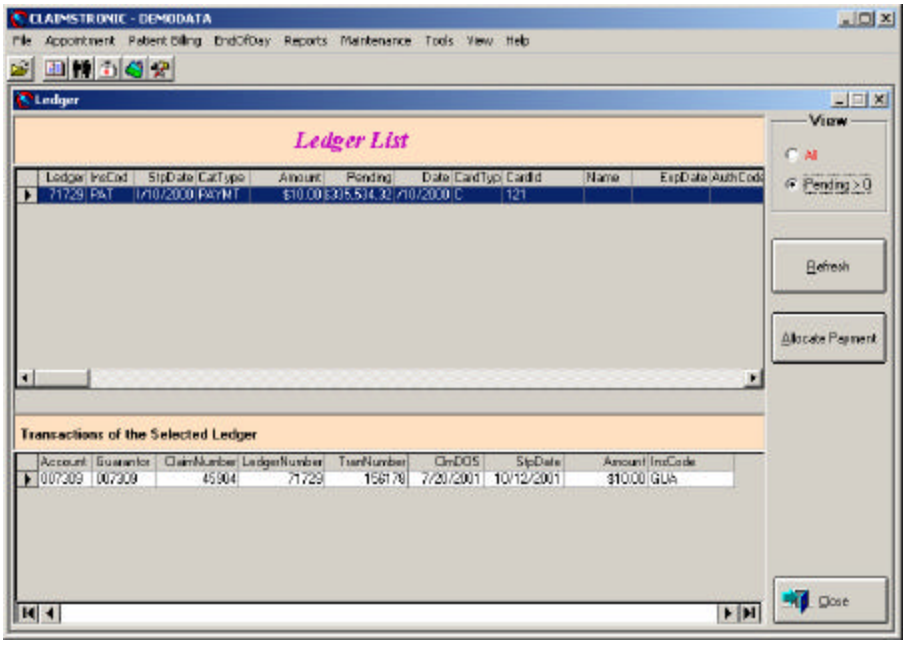


Figure 8-8 Resume Posting Payment Ledger Window

3. Access the **Ledger List** by choosing the **View** option:
   - **All** for every payment posted in Claimstronic PMS

   or

   - **Pending > 0** for only payments that have unallocated money.

4. The Ledger window provides two separate transaction views.
   - The top view **Ledger List** provides a detail listing of all payments that have unallocated money. You are able to view the check information, posting date, total amount of the payment, the pending amount and the user responsible for posting.
   - The bottom view **Transactions of the Selected Ledger** provides a detail listing of all accounts and individual transactions that are associated with the selected payment from the **Ledger List**.

5. To post the unallocated money, click on **Allocate Payment** or **Alt A** to access the **Payment** window.

6. Select the account/s and claim/s that you want to a post payment until the pending amount of money is zero.

7. Close the **Payment** window when you have completed your posting transactions.

8. Click on the **Refresh** button to update the Ledger window.

9. To exit the Ledger window click on **Close** or **Alt C**.

8.4. Deleting/Roll Back a Payment or an Adjustment

Special attention and care should be given to the **Roll Back** function of Claimstronic PMS.

- Deleting a check from Claimstronic PMS will affect your **Deposit Slip Report** and **Journal Report**. Perform this option only on the same stamping date (posting date) as the check.
- Reallocated money **will not** appear on the **Deposit Slip Report** of date the money was reallocated. It **will** appear on that day's **Journal Report**.

1. From the Claimstronic PMS menu bar, click on **Patient Billing**, then on **Patient** or click on the **Patient** icon ( ) from the toolbar.
2. When the Payment window appears, click on the **Transaction** tab.
3. The **Roll Back** function only pertains to payments or adjustments.

From **Transaction** window, select the line item you want to **Roll Back.**

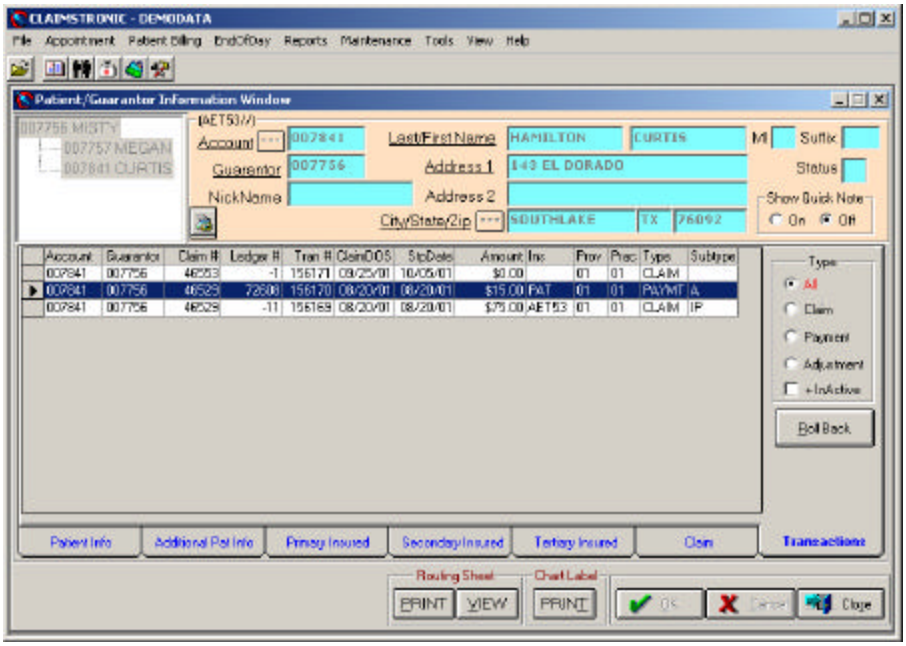


Figure 8-9. Patient/Guarantor Window – Transaction Window

4. After you select an account, the **Roll Back** button becomes activated. Click on this button or **Alt R**. This will lead you to the **Check/Payment Detail** window.

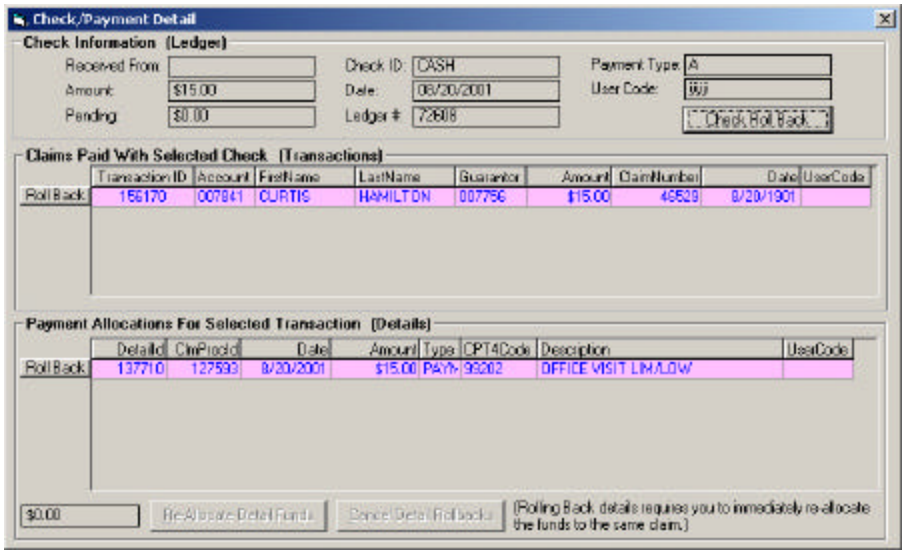


Figure 8-10. Check/Payment Detail Window

5. The Check/Payment Detail window shows three levels of information regarding the selected account:

   - Level One/ **Check Information (Ledger):** Displays detailed

information regarding the check. Choosing the **Check Roll Back** function at this level will permanently remove the check information as well as any claim transactions associated with the payment from the **patient accounts**, **Deposit Slip Report** and **Journal Report**. Claimstronic PMS again recommends performing this function during the same posting day prior to making your daily deposit. Should you need to remove a check and **all** its' transactions, we suggest utilizing adjustment functions. Refer to **Section 8.2 Entering Adjustment Information.**

- Level Two/ **Claims Paid With Selected Check (Transactions):** Displays detailed information regarding all claims associated with a check. Selecting a claim will list (in Level Three) all individual transactions affiliated with the claim. Choosing the **Check Roll Back** function at this level allows you to remove the claim and all associated transactions. The **Check Roll Back** will be placed as pending. Refer to **Section 8.3 Resume Posting Payment** to reallocate the payment. As a reminder, the reallocated money **will not appear** on the **Deposit Slip Report** unless the reallocation occurs on the same day as the **Check RollBack**. If you reallocate the money on a different system day, the **Check Roll Back** amount **will appear** on the **Journal Report**.
- Level Three/**Payment Allocations For Selected Transaction (Details)**: Displays the detailed line item allocation information regarding the selected claim in Level Two. Choosing the **Roll Back** allows you to make changes to the line item allocations on the selected claim. The **Re-allocate Detail Funds** is activated and you must reallocate the **Roll Back** amount to another transaction or click on **Save Payments** to accept the changes or **Cancel** to return to the **Check/Payment Detail** window. After you are done performing the appropriate roll back procedure, click on the **Close** button (☒) to close the preview window.

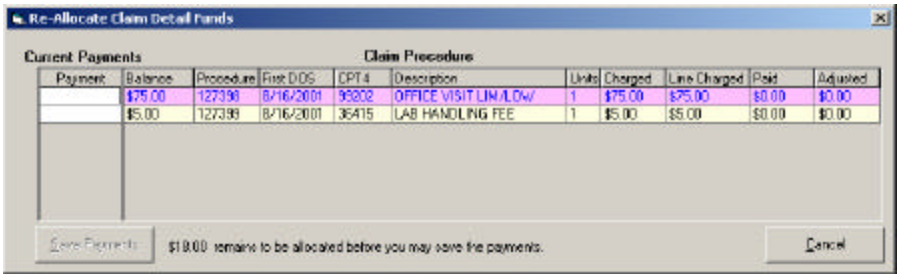


Figure 8-11 Re-Allocate Detail Funds Window-Reallocation of Payment

8.5. Find Check Information

This function allows you to search for a specific check that has been posted or to view all payment transaction for a particular time frame.

1. From the Claimstronic **PMS menu bar, click on Patient Billing and select Find** Check Information.

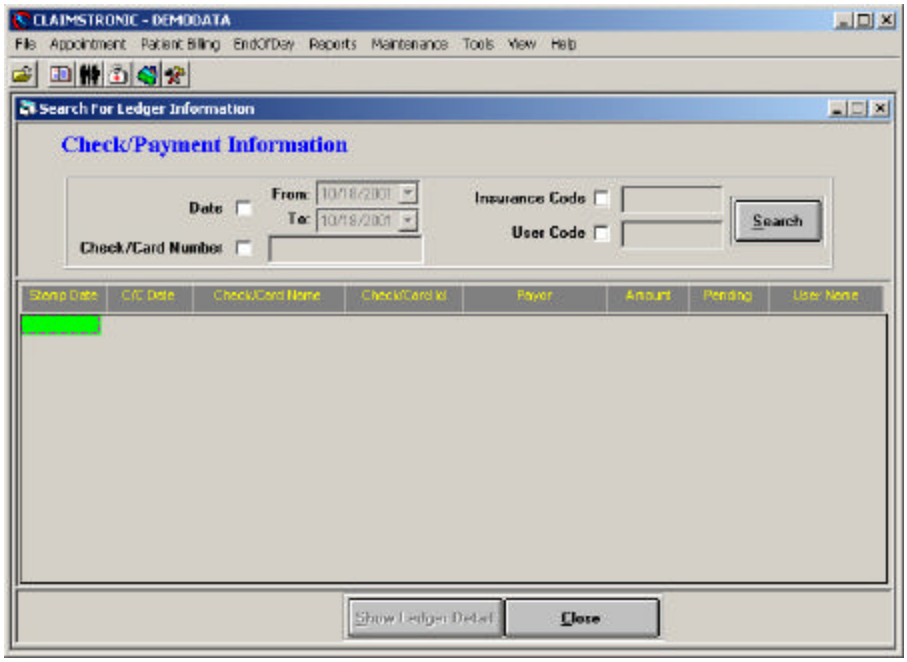


Figure 8-12 Search For Ledger Information Window-Date Option

2. Enter your search parameters. You can perform various types of searches depending on how much information you have on the payment.

FIND CHECK INFORMATION DATA ITEMS

DATE	The From and To date for the search. Choose this option when searching for cash payments.
CHECK/CARD NUMBER	The check or credit card number associated with the payment.
INSURANCE CODE	The insurance code associated with the check.
USER CODE	The user responsible for posting payments.
SEARCH	Performs the ledger search
SHOW LEDGER DETAIL	Provides claim and transaction details related to the payment.

3. When you search is complete, click on the **Close** button ( ) to close the preview window.

9. Insurance and Billing

Now, see how Claimstronic PMS is used to support the insurance and billing activities performed at most medical practices. These include:

- Printing the day's paper claims (HCFA-1500's)
- Processing the electronically submitted claims and sending them to the appropriate clearinghouse(s)
- Printing patient statements
- Processing patient statements for electronic transmission

9.1. Preparing Paper Claims

There are two ways to prepare and print paper claims:

- Via the Print HCFA window for batch processing
- Via the Patient/Guarantor window – Refer to **Section 7.6.2.4 Resubmitting Claims** for an individual claim

1. From the Claimstronic PMS menu bar, click on the **EndOfDay** and select **Process Paper Claim**. This will lead you to the **Print HCFA** window.

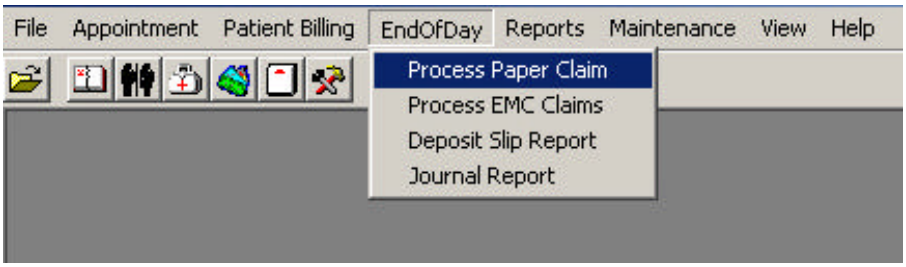


Figure 9-1. EndOfDay Menu - Process Paper Claim Option

2. The Print HCFA window lists all accounts that have been prompted to print claims to paper. From the Print HCFA window, do any of the following:

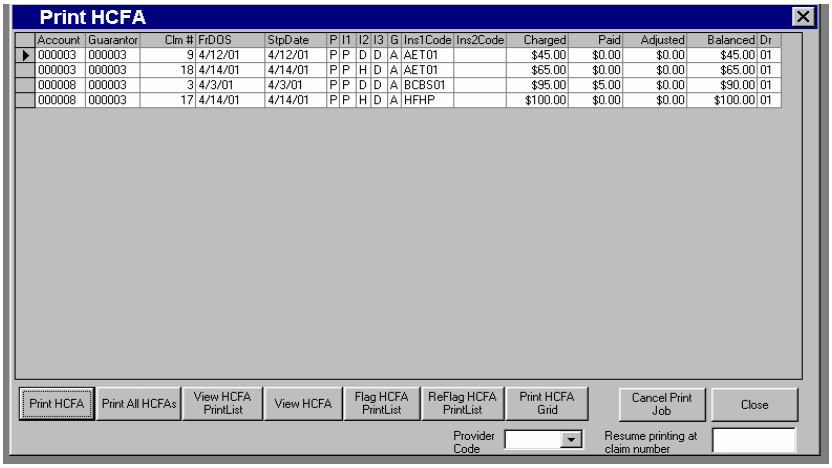

Print HCFA
Account Guarantor Clm # FrDOS StpDate P I1 I2 I3 G Ins1Code Ins2Code Charged Paid Adjusted Balanced Dr
000003 000003 9 4/12/01 4/12/01 P P D D A AET01 $45.00 $0.00 $0.00 $45.00 01
000003 000003 18 4/14/01 4/14/01 P P H D A AET01 $65.00 $0.00 $0.00 $65.00 01
000008 000003 3 4/3/01 4/3/01 P P D D A BCBS01 $95.00 $5.00 $0.00 $90.00 01
000008 000003 17 4/14/01 4/14/01 P P H D A HFHP $100.00 $0.00 $0.00 $100.00 01
Print HCFA
Print All HCFAs
View HCFA PrintList
View HCFA
Flag HCFA PrintList
ReFlag HCFA PrintList
Print HCFA Grid
Cancel Print Job
Close
Provider Code
Resume printing at claim number

Figure 9-2. Print HCFA Window

HCFA Window Data Descriptions

Print HCFA	This option will allow you to print an individual claim form after selecting an account from the list.
Print All HCFAs	This option prints all claims listed.
View HCFA Printlist	After all HCFAs have been successfully printed, choose this option to receive a listing of all claims that were produced.
View HCFA	This option allows a view of the actual layout of the HFCA form of the selected account prior to printing.
Flag HCFA Printlist	This option updates the billing status codes (refer to **Section 7.2 Entering A New Claim Manually**)
Reflag HCFA Printlist	This option allows you to set the billing codes back to their previous status.
Print HCFA Grid	Prior to printing HCFAs, choose this option to receive a list of all claims to be printed.
Cancel Print Job	This option will stop the printer from printing.
Close	This option will exit the HFCA Print Screen
Provider Code	This option allows you to print HCFAs for an individual provider.
Resume Printing at Claim Number	This option allows you to restart printing if a section of your claims did not produce without having to reprint the entire list.

Note: *For details regarding the changing of the billing status of the claims, refer to Section* ***7.6.2.1 –Reflag A Claim***

Note: *Secondary forms will automatically default to a* ***Paper Claim.***

3. For successful processing of Paper Claims, Claimstronic PMS suggest the following format:

   - Select a **Provider Code** to print HCFAs for or leave blank for all
   - **Print HCFA Grid** to receive a list of claims to be printed.
   - **Print All HCFAs**. The system will indicate how many claims were to print. Reconcile this number with the actual number of HCFA forms. If all forms printed, answer Yes or Alt Y.
   - **View HCFA Printlist** to receive a list of claims printed
   - **Flag Printlist** to update billing status codes.
   - **Close** to exit the Print HCFA window.

4. Should an error occur during processing do one of the following to correct and proceed:

   - **Cancel Print Job** if the printer has jammed or you have claims that should not be printing.
   - **Resume Printing at claim number** to restart the claims processing.
   - **ReFlag HCFA** Printlist if you need to reprint all or a mass majority of the claims list.
   - Complete the process as instructed in line #3 above.

9.2. Preparing Electronic Claims

Follow these procedures to prepare electronic claims:

1. From the Claimstronic PMS menu bar, click on the **EndOfDay** menu and select **Process EMC Claims** .

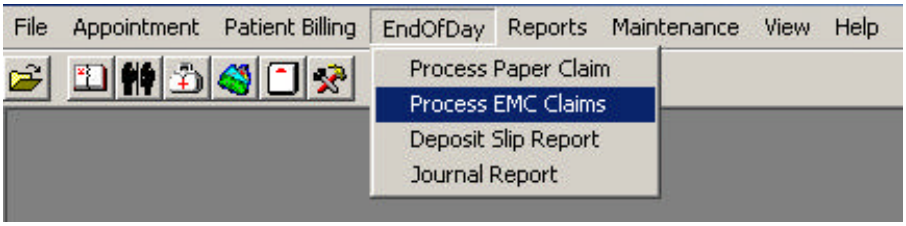


Figure 9-3. EndOfDay Menu - Process EMC Claims

2. From the **Electronic Claim Module** window, type a zero (0) in the **Batch Number** field.

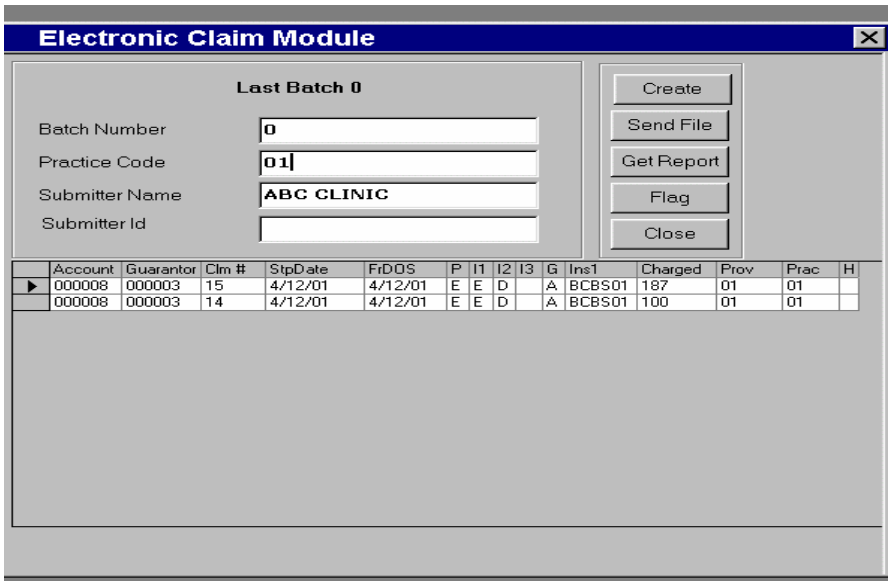


Figure 9-4. Electronic Claim Module

3. Type in the appropriate Practice Code. Claimstronic PMS will automatically complete the **Submitter name** .
4. Type in the **Submitter ID** number assigned to the practice by **Freeclaims.com**.
5. Click on the **Create** button to collect and batch all claims the have a billing status of "E". Refer to **Section 7.6.1 Changing the Billing Status** for more information on billing status.
6. From the Claimstronic PMS menu bar, click on Browse and select

List File.

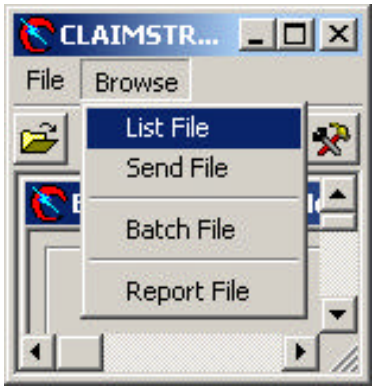


Figure 9-5 Browse Menu- Error File Option

7. The **List File** option produces a report of all claims to be submitted electronically. Included in this report are claims that have errors and did not pass the initial Claimstronic PMS editing process. Print the **List File** report.

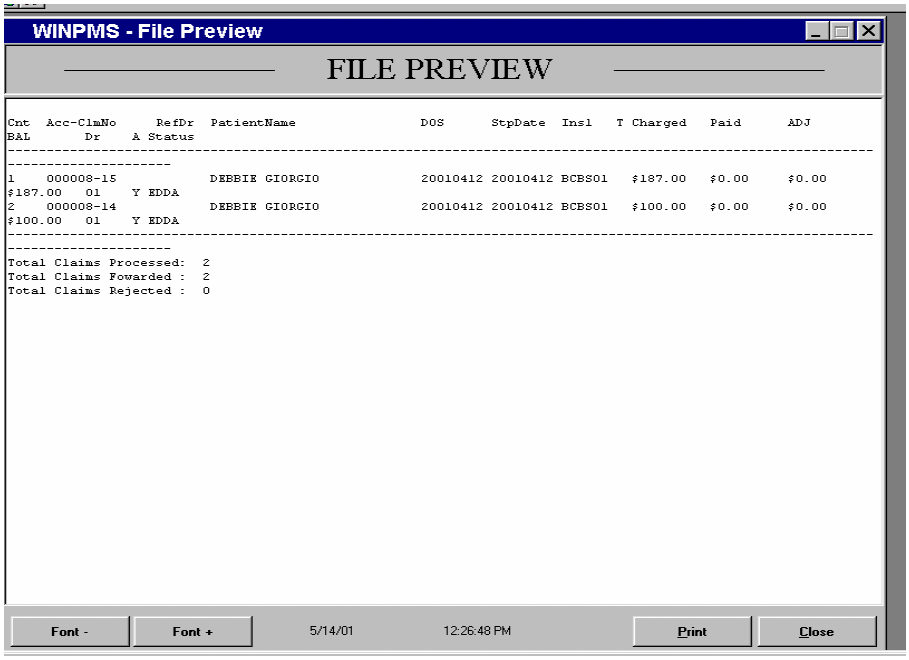

WINPMS - File Preview
FILE PREVIEW
Cnt Acc-ClmNo RefDr PatientName DOS StpDate Insl T Charged Paid ADJ
BAL Dr A Status
1 000008-15 DEBBIE GIORGIO 20010412 20010412 BCBS01 $187.00 $0.00 $0.00
$187.00 01 Y EDDA
2 000008-14 DEBBIE GIORGIO 20010412 20010412 BCBS01 $100.00 $0.00 $0.00
$100.00 01 Y EDDA
Total Claims Processed: 2
Total Claims Fowarded : 2
Total Claims Rejected : 0
Font -
Font +
5/14/01
12:26:48 PM
Print
Close

Figure 9-6 Error File Report

8. Review and correct the rejected claims.

9. Return to the **Electronic Claim Module** window and click on the **Create** button again. This will update the batch to reflect the changes made.

10. Repeat steps 6 and 7 to retrieve the updated **List File** report. Print the report and keep hard copy as proof of claims that were submitted.

11. Click on the **Flag** button in the **Electronic Claim Module** window. This will update the billing status from "E" to "S" to indicate the claims have been sent.

    Note: *Once you have flagged a batch, follow the procedures in Section 7.6.2 Correct and Existing Claim and Re-Queue to Submit for claim corrections.*

12. Access your **Internet Explorer** (log on to the Internet).

13. In the address field type **www.freeclaims.com** and hit enter.

Figure 9-7 Internet Address Window

14. From the **Freeclaims.com Home Page**, select **Member Login**

FreeClaims.com: Completely Free Online Medical Claims Clearinghouse - MindSpring Internet Expl...
File Edit View Favorites Tools Help
Back Forward Stop Refresh Home Search Favorites History Mail Print Edit RealGui...
Address http://www.freeclaims.com/frcl/contentManager.jsp
Go Links
FreeClaims.com
Member Login | Join FreeClaims | Contact AnviCare | Support

Figure 9-8 Freeclaims.com Home Page- Member Login Option

15. Enter your Username and Password. Click on Login or hit the Enter key.

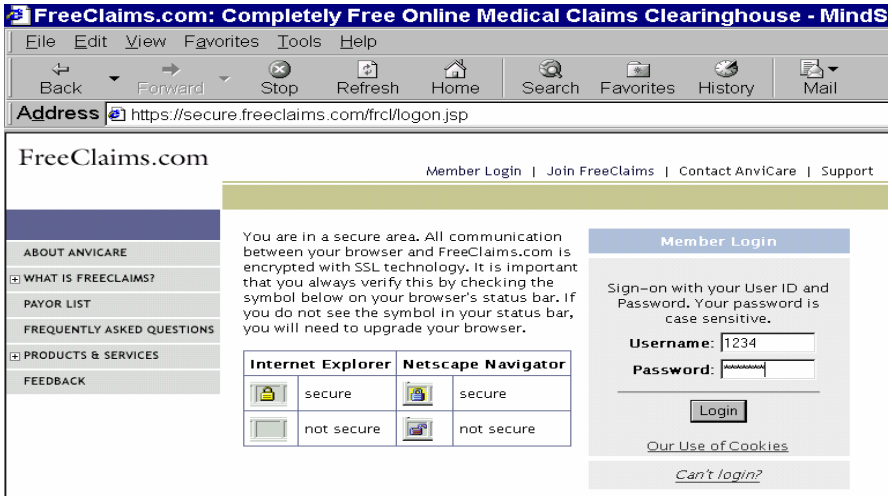

FreeClaims.com: Completely Free Online Medical Claims Clearinghouse - MindS
File Edit View Favorites Tools Help
Back Forward Stop Refresh Home Search Favorites History Mail
Address https://secure.freeclaims.com/frcl/logon.jsp
FreeClaims.com
Member Login | Join FreeClaims | Contact AnviCare | Support
ABOUT ANVICARE
WHAT IS FREECLAIMS?
PAYOR LIST
FREQUENTLY ASKED QUESTIONS
PRODUCTS & SERVICES
FEEDBACK
You are in a secure area. All communication between your browser and FreeClaims.com is encrypted with SSL technology. It is important that you always verify this by checking the symbol below on your browser's status bar. If you do not see the symbol in your status bar, you will need to upgrade your browser.
Internet Explorer
Netscape Navigator
secure
secure
not secure
not secure
Member Login
Sign-on with your User ID and Password. Your password is case sensitive.
Username: 1234
Password:
Login
Our Use of Cookies
Can't login?

Figure 9-9 FreeClaims.com Home Page-Member Login

16. Highlight and select **Upload Claim File** from the menu listing.

FreeClaims.com: Completely Free Online Medical Claims Clearinghouse - MindSpring Internet Expl...
File Edit View Favorites Tools Help
Back Forward Stop Refresh Home Search Favorites History Mail Print Edit RealGui...
Address https://secure.freeclaims.com/frcl/FRCLmember
Go Links
FreeClaims.com
Payor List Logout
Home Upload Claim File View Reports View Batches Manage Claims Customer Service Reports Manage User's Profile
Upload Claim File
Correct Claims with Missing Payor ID
Correct Claims with Missing Network ID

Figure 9-10 FreeClaims.com- Upload Claim File Option

17. Click the Browse option to view a list of files to select

FreeClaims.com: Completely Free Online Medical Claims Clearinghouse - MindSpri
File Edit View Favorites Tools Help
Back Forward Stop Refresh Home Search Favorites History Mail
Address https://secure.freeclaims.com/frcl/FRCLmember
FreeClaims.com
Payor List Logout
Home Upload Claim File View Reports View Batches Manage Claims Customer Service Reports Manage User's Profile
Upload Claim File
Step 1. Click the "Browse..." button to select your file.
Browse...
(Tip for PC users: select "All Files" for Files of Type.)
Step 2. Click Upload File. Upload File
Submitted files for this session
Size
Server-assigned name
No files submitted
Ask customer service a question.

Figure 9-11 FreeClaims.com-Upload Claim File Option

18. Double click on the My Computer icon to access the Claimstronic PMS. Then choose the appropriate drive as designated during installation.

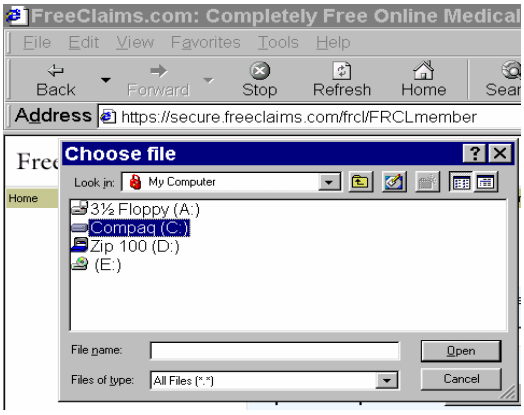


Figure 9-12 Choose File Menu- Drive Selection

19. Open the **Data** folder.

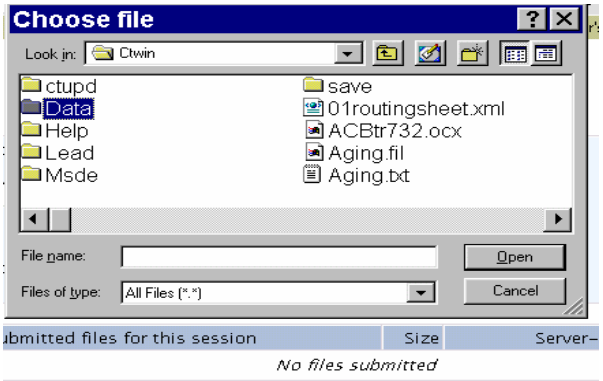


Figure 9-13 Choose File Menu- Data Folder Option

20. Open the **EMC** folder

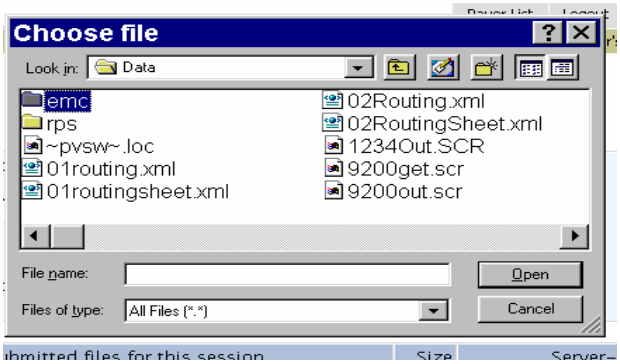


Figure 9-14 Choose File Menu-EMC Folder Option

21. Select the Batch claim file to upload. The Batch will be formatted accordingly:

- The **Batch Number** assigned during EMC processing.
- The **User ID** (as assigned by FreeClaims.com)
- The suffix **.NSF (example: 0011234.nsf)**
- Click on **Open**

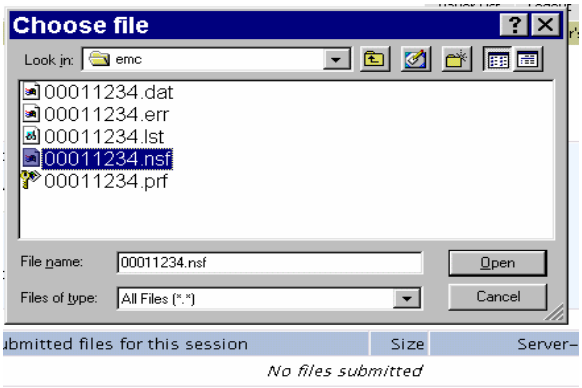


Figure 9-15 Choose File Menu- Batch File

22. From the FreeClaims.com home page, **Upload Claim File** window, click on the **Upload Claim** button.

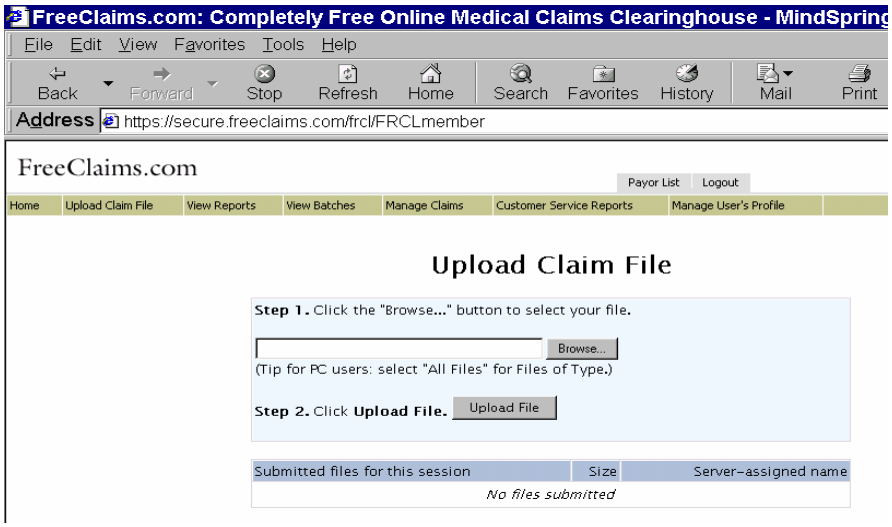

FreeClaims.com: Completely Free Online Medical Claims Clearinghouse - MindSpring
File Edit View Favorites Tools Help
Back Forward Stop Refresh Home Search Favorites History Mail Print
Address https://secure.freeclaims.com/frcl/FRCLmember
FreeClaims.com
Payor List Logout
Home Upload Claim File View Reports View Batches Manage Claims Customer Service Reports Manage User's Profile
Upload Claim File
Step 1. Click the "Browse..." button to select your file.
Browse...
(Tip for PC users: select "All Files" for Files of Type.)
Step 2. Click Upload File. Upload File
Submitted files for this session
Size
Server-assigned name
No files submitted

Figure 9-16 FreeClaims.com Home Page-Upload File Option

23. Once the file has successfully transmitted, the batch file will appear in the **Submitted Files for This Session** window located directly underneath the **Upload File** button.

9.2.1 Viewing and Correcting Electronic Claims

Through **FreeClaims**, you have the ability to edit, correct and resubmit any electronic claim.

1. From the **FreeClaims.com Home Page**, select **View Reports**. This will activate the batch confirmation report from **FreeClaims.com** as well as from the payors.

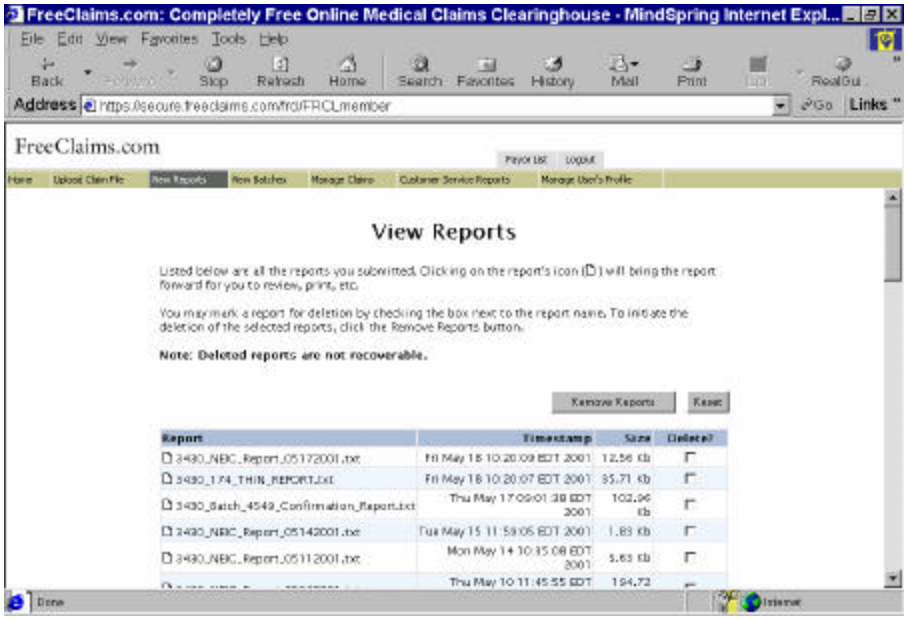

FreeClaims.com: Completely Free Online Medical Claims Clearinghouse - MindSpring Internet Expl...
FreeClaims.com
View Reports
Listed below are all the reports you submitted. Clicking on the report's icon ( ) will bring the report forward for you to review, print, etc.
You may mark a report for deletion by checking the box next to the report name. To initiate the deletion of the selected reports, click the Remove Reports button.
Note: Deleted reports are not recoverable.
Remove Reports
Reset
Report
Timestamp
Size
Delete?

Figure 9-17 FreeClaims.Com Home Page-View Reports Option

2. To begin correcting claim errors, select **Correct Claims with Missing Payor ID** from the **Upload Claim File** option.

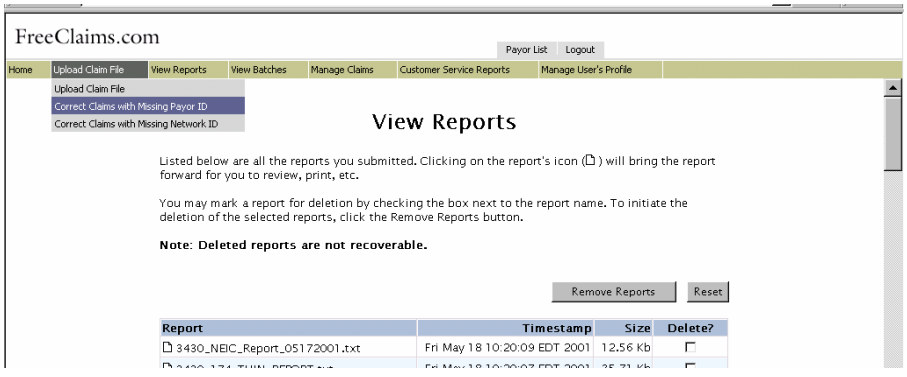

FreeClaims.com
Payor List
Logout
Home
Upload Claim File
View Reports
View Batches
Manage Claims
Customer Service Reports
Manage User's Profile
Upload Claim File
Correct Claims with Missing Payor ID
Correct Claims with Missing Network ID
View Reports
Listed below are all the reports you submitted. Clicking on the report's icon ( ) will bring the report forward for you to review, print, etc.
You may mark a report for deletion by checking the box next to the report name. To initiate the deletion of the selected reports, click the Remove Reports button.
Note: Deleted reports are not recoverable.
Remove Reports
Reset
Report
Timestamp
Size
Delete?
3430_NEIC_Report_05172001.txt
Fri May 18 10:20:09 EDT 2001
12.56 Kb

Figure 9-18 Upload Claim File Menu-Correct Claims with Missing Payor ID Option

3. This will access up to 25 payor addresses that FreeClaims.com was unable to detect as an electronic payor. Correct the insurance address by typing in the NEIC number, choosing to print the claim form to paper or rejecting the claim all together. By correcting the address at this level, all pending claims associated with this address will be corrected and resubmitted automatically. Future claims will be corrected as well.

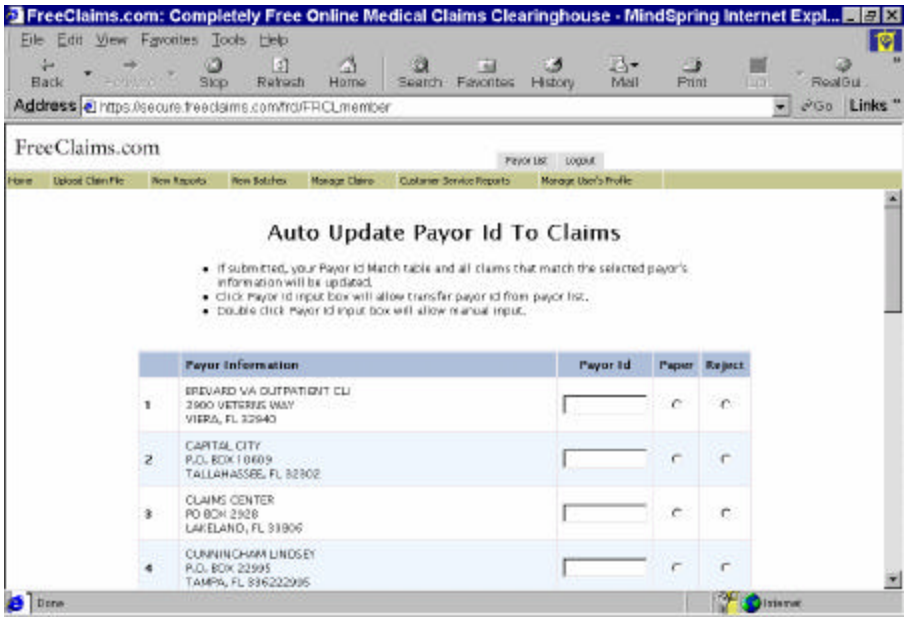


Figure 9-19 FreeClaims.com Home Page- Auto Update Payor ID to Claims Window

4. After you have made your corrections; click on the **Submit** button found at the bottom of the page.

5. The next step is to select **Correct claims with Missing Network ID** from the **Upload Claim File** menu.

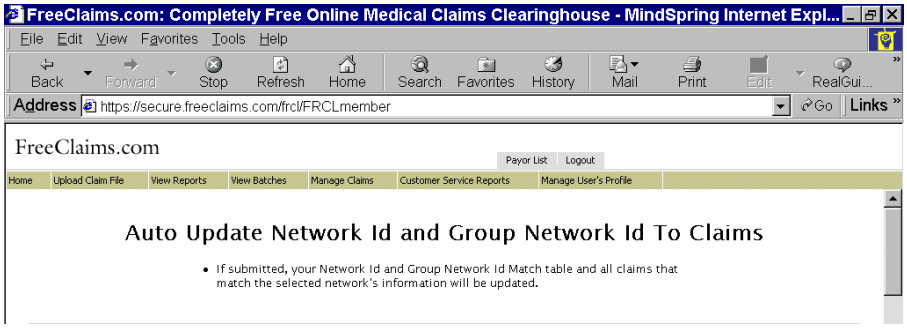

FreeClaims.com: Completely Free Online Medical Claims Clearinghouse - MindSpring Internet Expl...
File Edit View Favorites Tools Help
Back Forward Stop Refresh Home Search Favorites History Mail Print Edit RealGui...
Address https://secure.freeclaims.com/frcl/FRCLmember
Links
FreeClaims.com
Payor List Logout
Home Upload Claim File View Reports View Batches Manage Claims Customer Service Reports Manage User's Profile
Auto Update Network Id and Group Network Id To Claims
If submitted, your Network Id and Group Network Id Match table and all claims that match the selected network's information will be updated.

Figure 9-20 FreeClaims.com Home Page-Auto Update Network ID and Group Network ID To Claims

6. This will access providers that are missing either the individual or group insurance network identification number. Complete the

information per provider. This will correct all pending and future claims for the provider. Choose the Submit button found at the bottom of the page.

Note: *If you need assistance locating a Payor ID number or determining what insurance is missing the Network ID number. Click on the Payor List button on the menu bar and follow the search instructions.*

7. To correct claims that have errors other than payor or network identification numbers, select **View Error Claims** from the **Manage Claims** option.

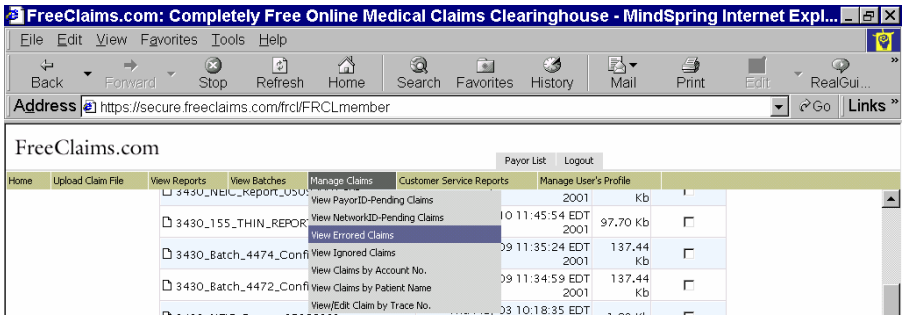

FreeClaims.com: Completely Free Online Medical Claims Clearinghouse - MindSpring Internet Expl...
File Edit View Favorites Tools Help
Back Forward Stop Refresh Home Search Favorites History Mail Print Edit RealGui...
Address https://secure.freeclaims.com/frcl/FRCLmember
Go Links
FreeClaims.com
Payor List Logout
Home Upload Claim File View Reports View Batches Manage Claims Customer Service Reports Manage User's Profile
View PayorID-Pending Claims
View NetworkID-Pending Claims
View Errored Claims
View Ignored Claims
View Claims by Account No.
View Claims by Patient Name
View/Edit Claim by Trace No.
3430_155_THIN_REPOR
3430_Batch_4474_Confi
3430_Batch_4472_Confi
97.70 Kb
137.44 Kb
137.44 Kb

Figure 9-21 Manage Claims Menu-View Errored Claims Option

8. This will access all claims that did not pass the editing process at FreeClaims.com. Click on the claim line. A HCFA form will appear and will list the error within the claim.

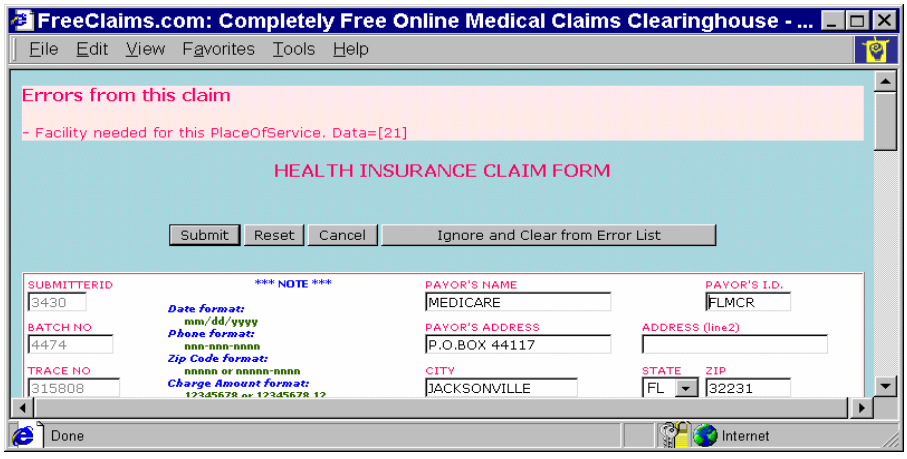


Figure 9-22 Health Insurance Claim Form Window

9. Make the appropriate corrections and choose the **Submit** button to send the claim to the payor.

10. If this claim is not to be sent to the payor, click on the **Ignore and Clear from Error List**, to remove the claim as pending.

11. Most payors will send a confirmation and error report for claims received. To access the reports, choose View Reports and then select one of the payor reports. They are the reports received other than the batch confirmation report.

12. A list of claims submitted will be listed. You will need to review the report for error information listed. You have and option to correct the claim online by accessing the account under the Manage Claim menu. Your search options are by Account Number, Patient Name or Batch/Trace Number. Make the corrections and resubmit.

13. To correct claims through Claimstronic PMS, refer to **Section 7.6.2 Correct and Existing Claim and Re-Queue to Submit** for instructions.

Claimstronic PMS recommends that you edit and correct your electronic files daily. This will prevent delays in claims processing.

> ***Note:*** *Errors that are related to patient demographics (date of birth, identification number, etc.) also need to be corrected within the billing system to prevent future claims from being rejected.*

9.3. Preparing Patient Statements

There are two ways to prepare and print patient statements:

- Via the Statement Report window for batch processing
- Via the Patient/Guarantor window – Refer to **Section 7.5-Printing a Superbill and Patient Statement** for an individual statement.

1. From the Claimstronic PMS menu bar, click on **Reports** and select **Statement**. This will lead you to the **Statement Report** window.

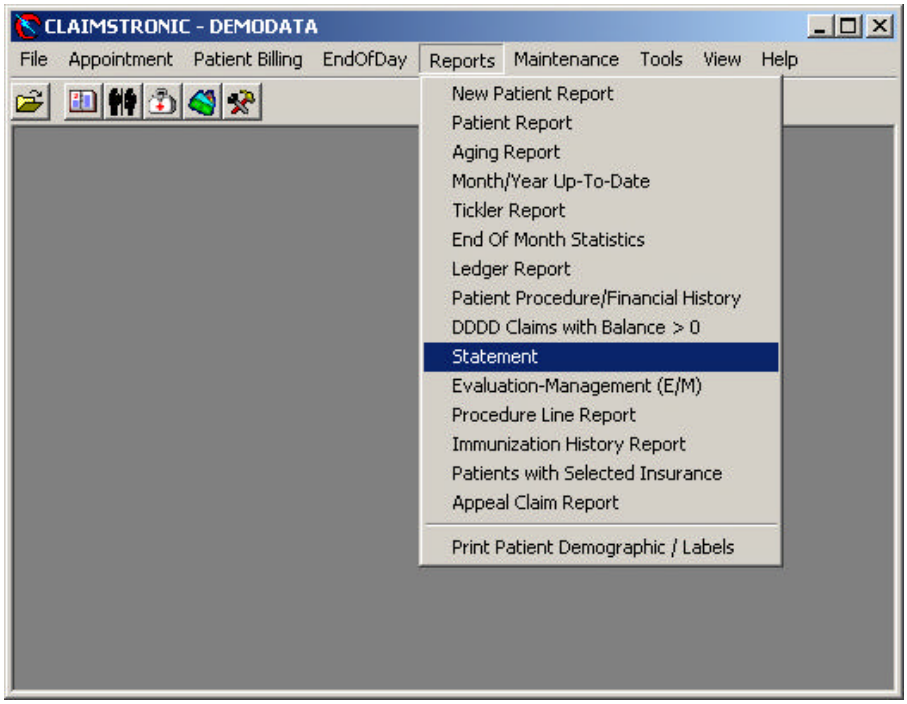


Figure 9-23 Reports Menu-Statement Option

2. From the Statement Report window specify your parameters for the billing run to prepare your statements.

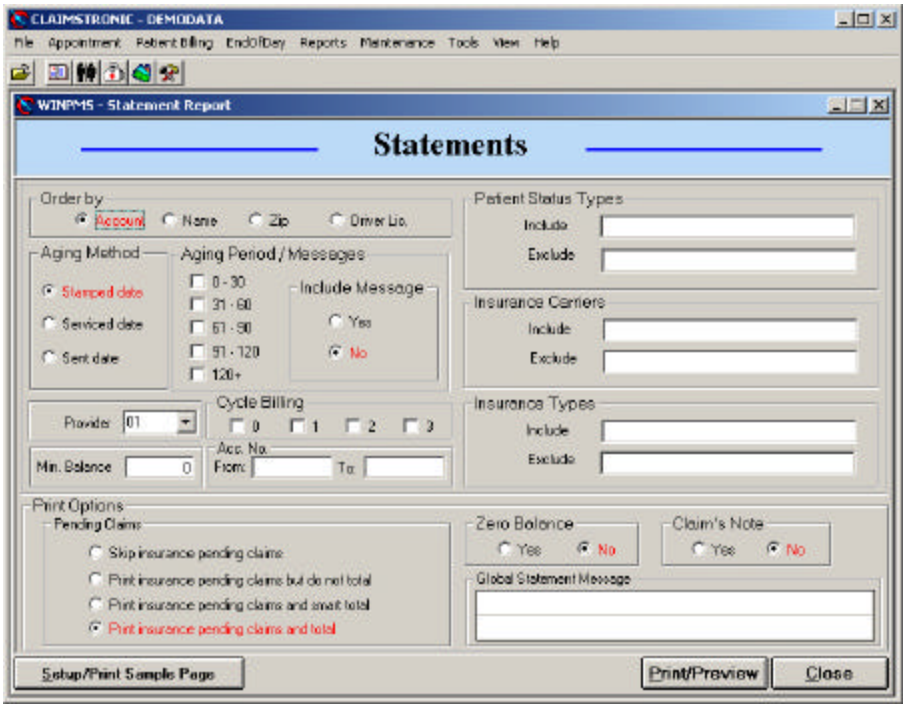


Figure 9-24 Statement Report Window

Statement Data Description

Order by	
Account	Prints statements in account order
Name	Prints statements alphabetically
Zip	Prints statements in zip code order
Driver Lic.	Prints statements by driver license
Aging Method	
Stamped Date	Posting date of transactions
Serviced Date	Actual date of transaction
Sent Date	Date transaction was filed with insurance
Aging Period	Leave blank to print all balances due or select any variation of the options to print statements based on their account age
Messages	Attached a dunning message to accounts as they are aged in the system
Cycle Billing **(Leave blank for all patient accounts)**	
Zero	To produce statements for patient's with the last name

One	To produce statements for patient's with the last name
Two	To produce statements for patient's with the last name
Three	To produce statements for patient's with the last name
Minimum Balance to Print	Indicate a minimum dollar amount you want to produce a statement for
Print Options for Pending Claims	
Skip insurance pending claims	Does not print information regarding pending claims that are not pass the number of days limit indicated
Print insurance pending claims but do not total	Prints pending claims but does not add the totals to the amount due on the statement
Print insurance pending claims and smart total	Prints pending claims and bills the amount for any uncollected copay and coinsurance amounts.

Statement Data Descriptions Cont.,

Print insurance pending claims and total	Prints all outstanding transactions on the account
Patient Status Types	Allows you to designate patient types to include or exclude from the billing run (Medicaid, Professional Courtesy, etc.) Leave blank for all patient types.
Insurance Carrier	Allows you to designate insurances to include or exclude from the billing run (Medicaid, Worker's Comp., etc.) Leave blank for all insurance companies.
Insurance Types	Allows you to designate insurance types to include or exclude from the billing run (Medicaid, Professional Courtesy, etc.) Leave blank for all insurance types.
Zero Balance	Answer Yes or No to include accounts with balances
Claim's Note	Answer Yes or No to include any claim notes
Global Statement Message	Allow you to attach a customized note that prints on all statements.

***Note**: Be sure you have loaded the statement forms into the printer and have verified alignment.*

3. Click on **Print/Preview** to view how the statements will look. Then click **Print** to proceed with printing of the statements.
4. Click on **Close** to exit the preview and again on the **Statement Report** window.

9.4. Preparing Electronic Patient Statements

1. Follow the same procedures for preparing the patient statements from **Section 9.3 Preparing Patient Statements**.
2. Follow the same procedures for preparing for electronic transmitting from **Section 9.2 Preparing Electronic Claims** .
3. You will be assigned a separate User Name and Password for patient statement transmission.

9.5. Quick View of Claims

1. From the Claimstronic PMS menu bar click on **Patient Billing**, select **Claims** and the **View Claims**.

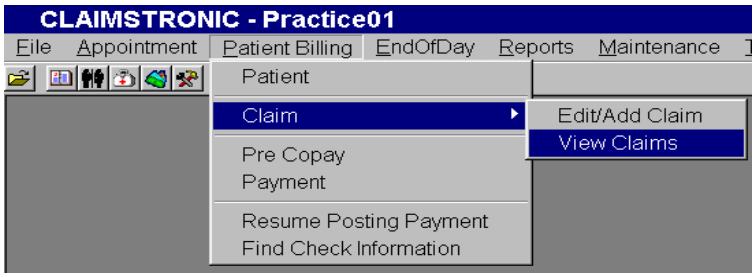


Figure 9-25 Patient Billing Menu-Claim-View Claims Option

2. Define your sort options to view a list of claims.

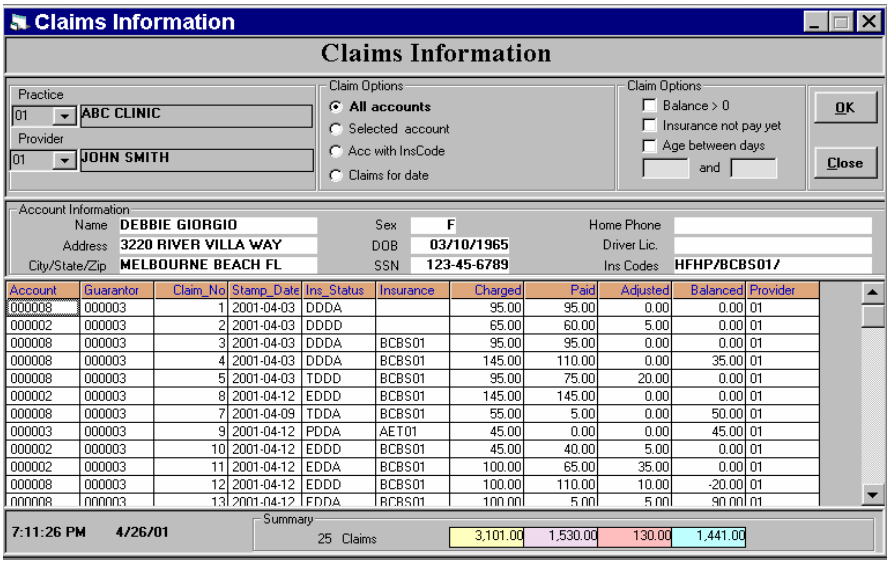


Figure 9-26 Claims Information Window

CLAIMS INFORMATION DATA ITEMS

PRACTICE	Select specific practice or leave blank for all
PROVIDER	Select specific practice or leave blank for all
CLAIM OPTIONS	
ALL ACCOUNTS	Claims for all accounts.
SELECTED ACCOUNTS	Claims for a selected account
ACC WITH INSCODE	Claims for a selected insurance company.
CLAIMS FOR DATE	Claims for a specific date of service
CLAIM OPTIONS	
BALANCE>0	Claims with balances greater than zero.
INSURANCE NOT PAY YET	Claims that have not had any insurance activity.
AGE BETWEEN DATES	Claims that fall within a range of delinquency.
ACCOUNT INFORMATION	Provides basic patient information for a selected claim.
SUMMARY	Provides total number of claims and aged balances for claim search.

3. You can utilize this report to access a range of claims quickly. By double clicking on a claim item, you are able to edit the claims information. Refer to **Section 7.6 Editing, Correcting and Resubmitting Claims.**

10. Producing System Reports

Claimstronic PMS System Reports allow you to produce and print valuable reports that provide the tools necessary for maintaining and operating a your practice.

The reports have been divided into Daily Reports and Monthly Reports sections, as well as a Miscellaneous Reports section. We recommend that you run daily and monthly reports at least once during the recommended time frame. Claimstronic PMS operates on "real time", meaning you will not experience "down time" while the system "updates" or "closes out" daily and monthly totals. This means you are able at any time to create or recreate data with any of the Claimstronic PMS reports.

10.1. Daily Reports

10.1.1 Printing a Journal Report

This report is recommended for balancing and reviewing the day's charges, payments and adjustments.

1. From the Claimstronic PMS menu bar, click on **EndOfDay** and select **Journal Report.** This will lead you to the End of Day, Month, and Year Report window.

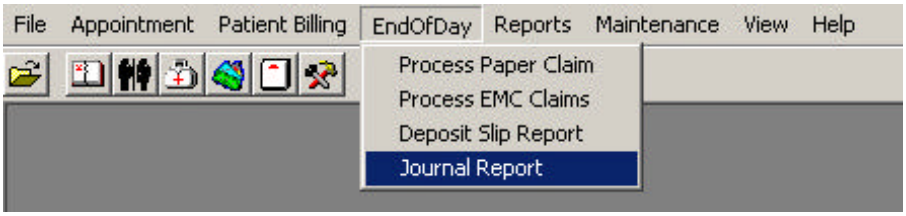


Figure 10-1. End Of Day Menu – Journal Report

2. From the **End of Day, Month, and Year Report** window, enter the provider and/or practice code(s) of the doctor that you are creating the report for in the Codes area – **Provider and Practice fields** .

3. The **Date Type** area allows you to specify the **Stamped Date** (the date the transactions were posted) or the **Serviced Date** (the actual date the transactions occurred.)

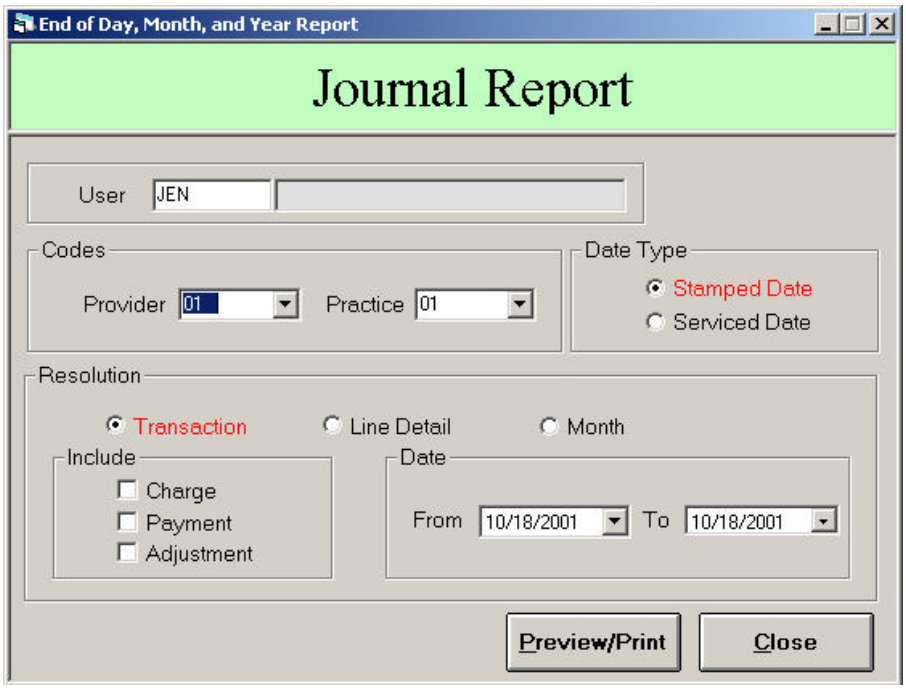


Figure 10-2. End of Day, Month, and Year Report

4. There are three variations to this report. In the **Resolution** area, specify the amount of detail you want to include in the journal report. By choosing one of the following:

   - Transaction- This report provides the total charge, payment of adjustment in a line item format. A summary of all transactions is produced and provides a grand total of all services and is referred to as the Journal Summary Report.
   - Line Detail- This report provides a break down of each line item within the claim. The detail includes transaction types, diagnosis, procedure codes, etc.
   - Month- This report provides a summary of all the month to date charge, payment and adjustment totals.

5. If you have selected **Transaction** and did not click any item under the **Include** area, all information regarding the claim will be included in the report (Charge, Payment, and Adjustment). However, you are able to further customize the report by selecting any combination of the items in the **Include** area.

6. In the **Date** area, specify the period that you are producing the report for.

7. Click on **Preview/Print** to view how the report will look like when printed. Then click on **Print** to proceed with the printing of the report.

8. When printing is done, click on **Close** to exit the window.

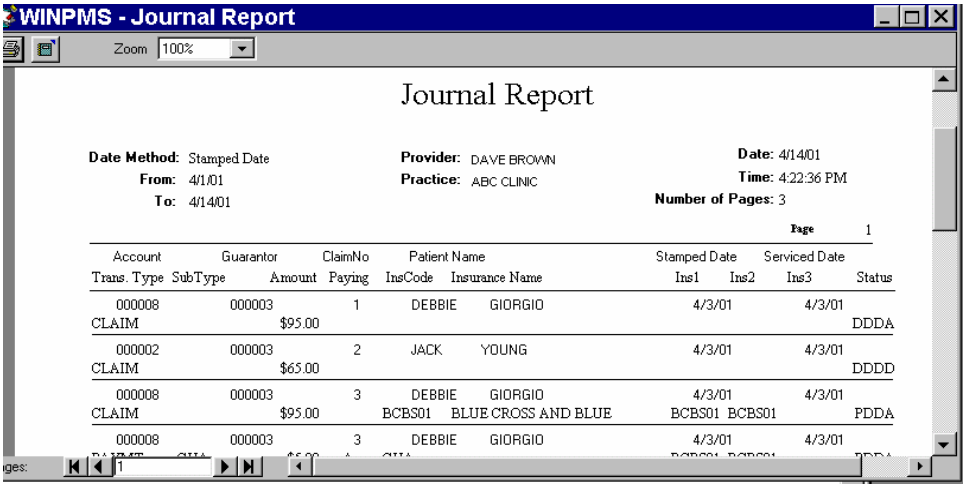

WINPMS - Journal Report
Zoom 100%
Journal Report
Date Method: Stamped Date
From: 4/1/01
To: 4/14/01
Provider: DAVE BROWN
Practice: ABC CLINIC
Date: 4/14/01
Time: 4:22:36 PM
Number of Pages: 3
Page 1
Account Trans. Type SubType Guarantor Amount ClaimNo Paying Patient Name InsCode Insurance Name Stamped Date Ins1 Ins2 Serviced Date Ins3 Status
000008 CLAIM 000003 $95.00 1 DEBBIE GIORGIO 4/3/01 4/3/01 DDDA
000002 CLAIM 000003 $65.00 2 JACK YOUNG 4/3/01 4/3/01 DDDD
000008 CLAIM 000003 $95.00 3 DEBBIE GIORGIO BCBS01 BLUE CROSS AND BLUE 4/3/01 BCBS01 BCBS01 4/3/01 PDDA
000008 000003 3 DEBBIE GIORGIO 4/3/01 4/3/01

Figure 10-4. Sample Journal Report

10.1.2 Printing a Deposit Slip Report

Follow these steps to print a report that automatically totals the day's checks, cash and coin for making the bank deposit. It also provides a separate total of all electronic transactions. This allows you a full view of the daily deposit and allows an easy method for reconciling bank statements.

1. From the Claimstronic PMS menu bar, click on **EndofDay** and select Deposit **Slip Report**.

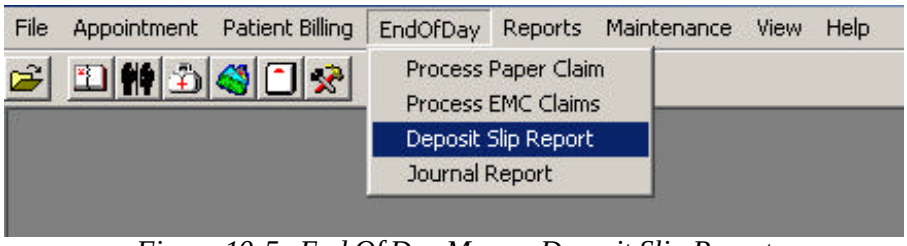


Figure 10-5. End Of Day Menu - Deposit Slip Report

2. Specify the user and the date range. The system will automatically calculate the deposit amount. Print the report.

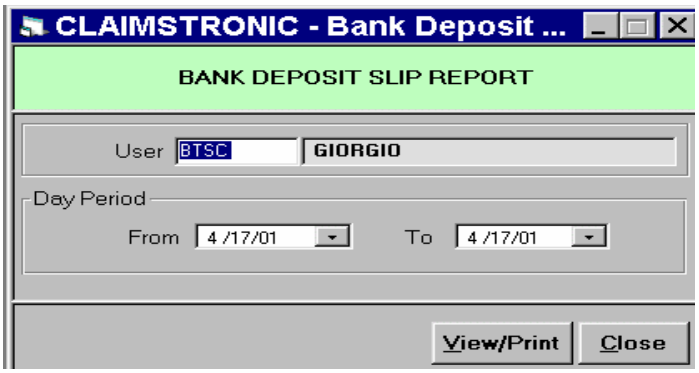


Figure 10-6. Bank Deposit Slip Report3

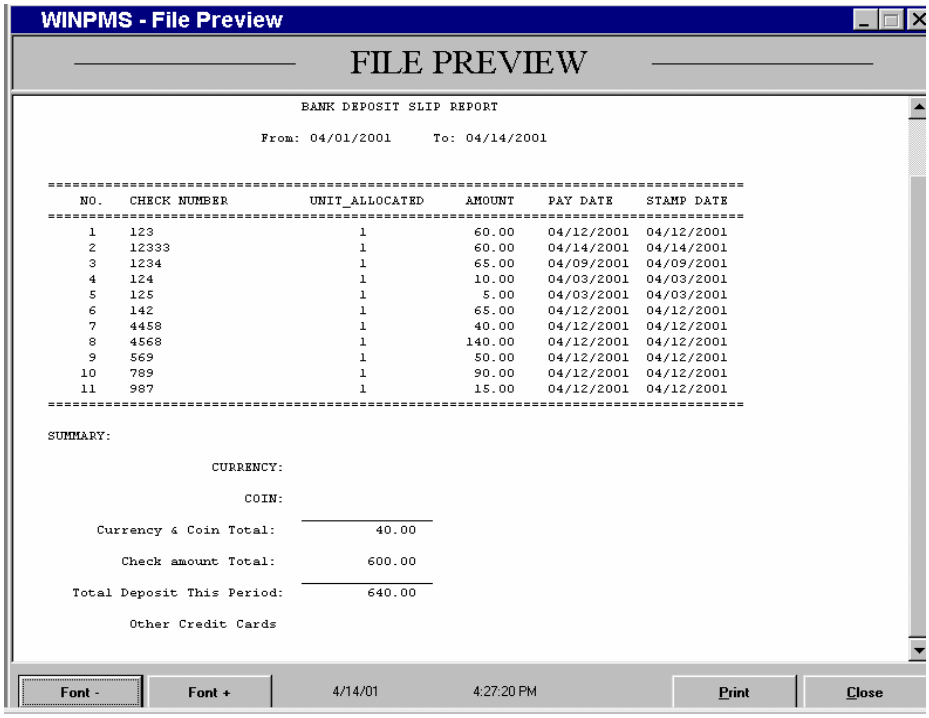


Figure 10-7. Sample Deposit Slip Report

10.1.3 Tickler Report

A Ticker Report can also be called a follow up report. It is generated from all patient notes (refer to **Section 6.7.1 Patient Notes**) and claim notes (refer to **Section 7.4 Creating Claim Notes**) that were created with an alarm date.

1. From the Claimstronic PMS menu bar, click on **Reports** and select **Tickler Report.**

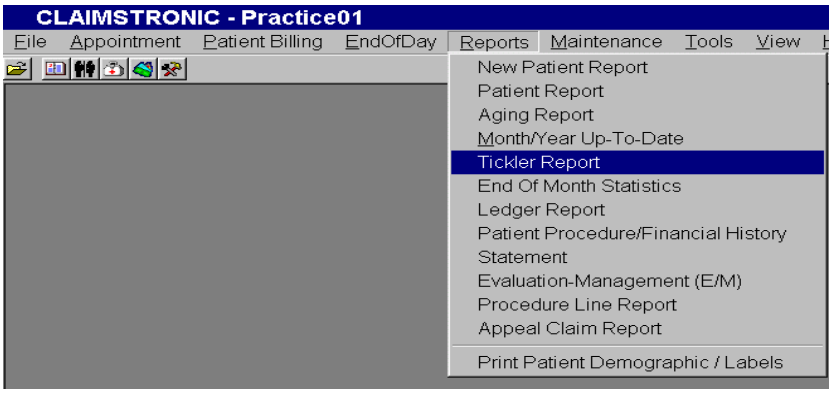


Figure 10-8. Reports Menu – Ticker Report Option

2. In the Alarm Date box, specify the period that you want to check in the **From** and **To** fields by either typing in the date or clicking a date from the displayed calendar.

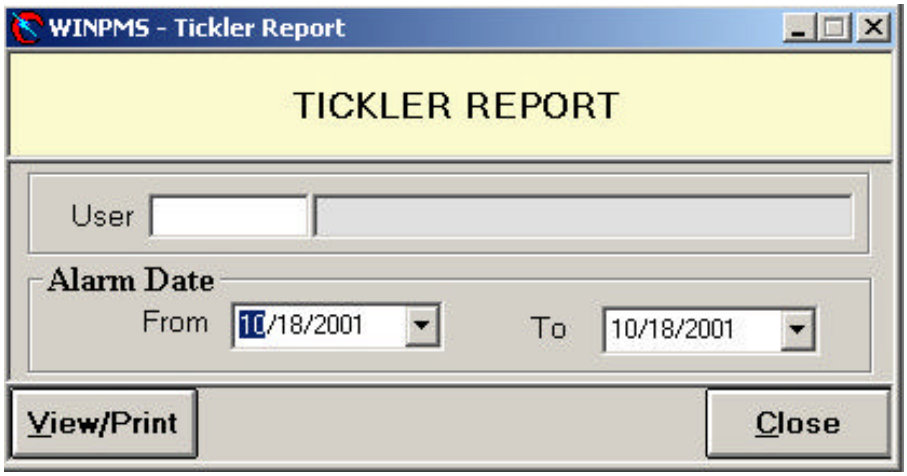


Figure10-9. Tickler Report Window

3. Click on **Preview/Print** to view the generated report before printing.

4. After checking the report, click on the **Print** icon ( ) to proceed with the printing. If you want to save the report as a file, click on the **Export** icon ( ) and specify the filename in the Export dialog box.

5. When printing is done, click on the **Close** button ( ) to close the preview window.

6. Click on **Close** to exit the Tickler Report window.

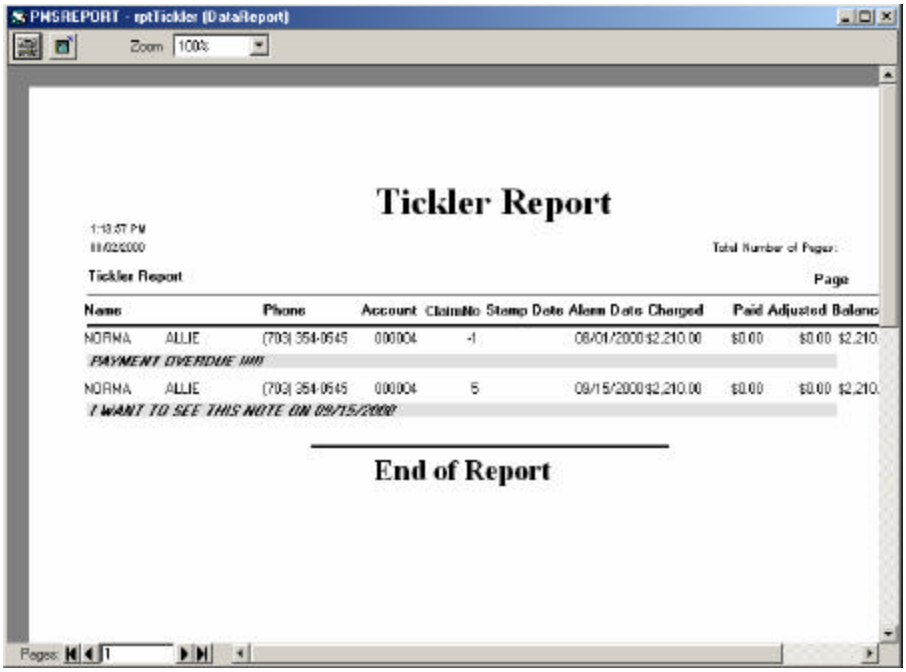


Figure 10-10. Sample of Generated Tickler Report

10.1.4 Appeal Claim Report

If you set your parameters for appealing a claim (refer to **Section 4.1.3. Claim Tab**) this report will let you customize and send individual or batch appeal letters for any claims in the system that have been returned unpaid or underpaid.

1. From the Claimstronic PMS menu bar, click on **Reports** and select **Claim Appeal Report**.

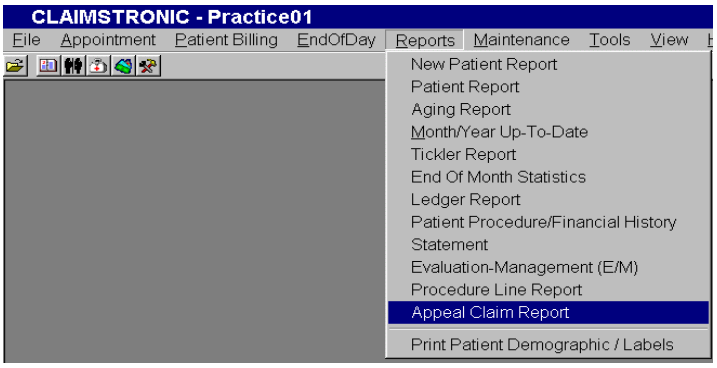


Figure 10-11. Reports Menu-Appeal Claim Report

2. The **Appeal Claim List** appears and contains all accounts that have been flagged as a claim appeal.

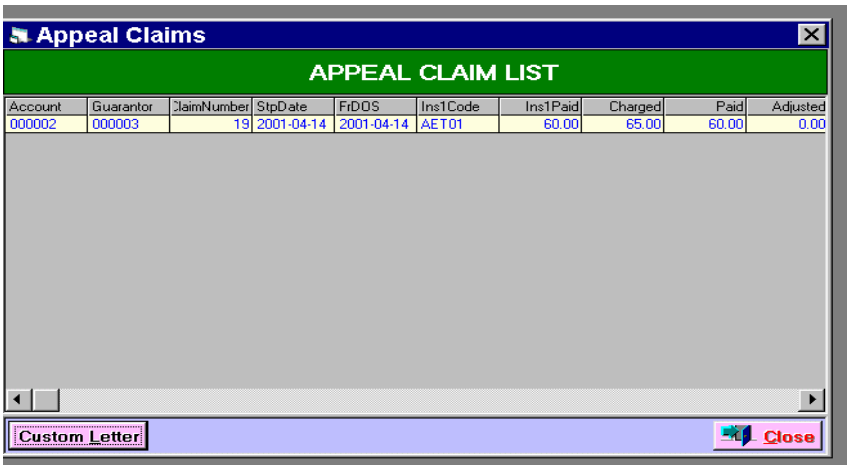


Figure 10-12. Appeal Claim List Window

3. Choose the **Custom Letter** option to view the individual letters to be printed.

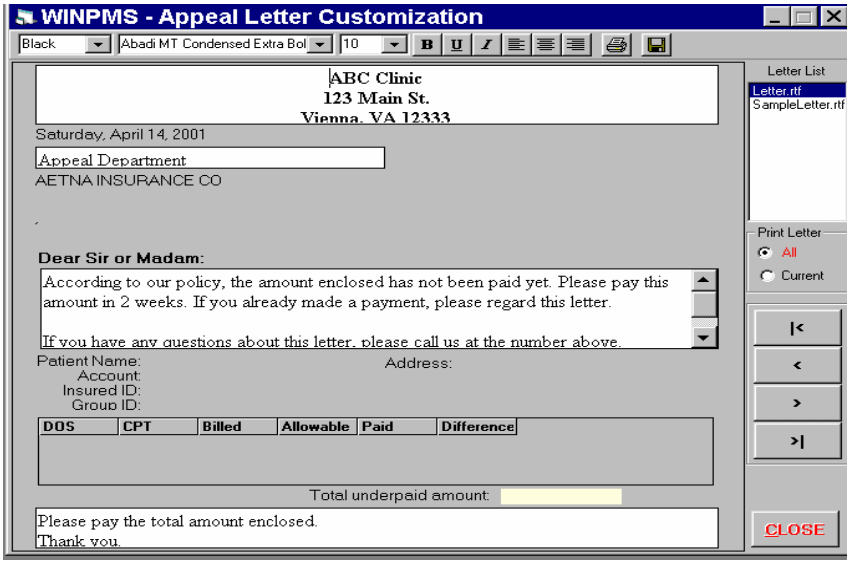


Figure 10-13. Appeal Letter Customization Window

4. Choose the letter color, style, font size and various other word document options by utilizing the menu bar found at the top of the window.

5. Customize the letter by:

   - Typing your changes directly into body of the letter
   - Save your changes by clicking on the save icon ( )
   - In the Save As window, type in the name of the letter and click on save

Note: *The name of the file must include the word "Letter". (Ex. Aetna Letter)*

6. The patient and claim information automatically populates into the appropriate fields.

7. Select on the **Print Claims** button to choose all letters or just the current one. The directional keys (l<, <,>,>l) to move from one letter to another.

8. Click on the printer icon ( ) to begin printing the appeal letters.

9. When printing is done, click on the Close button ( ) to close the letter window.

10. Choose Close on both the Appeal Letter Customization and Appeal List windows.

10.1.5 Print Patient Demographic/Labels

When preparing for the next day's appointments or to catch up from the existing days added appointments, this report is an efficient way to verify and receive an updated signature on each patient's personal information. This report also provides an option for printing patient labels.

1. From the Claimstronic PMS menu bar, click on **Reports** and select **Print Patient/Demographic/Labels**.

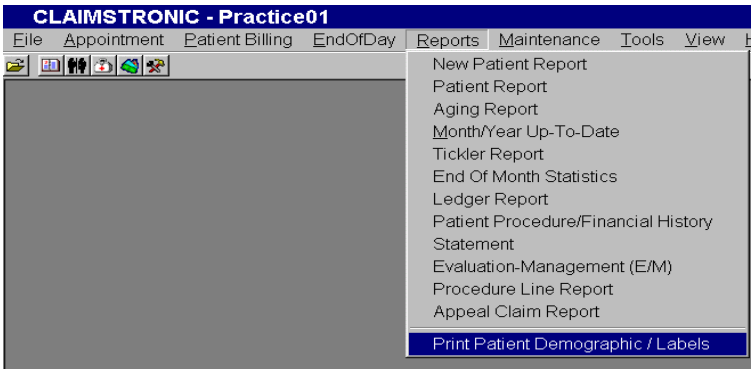


Figure10-14. Reports Menu- Print Patient/Demographic/Labels Option

2. From **the Patient Demographic Data Confirmation** window, specify the appointment date and the provider of service. You may choose to print only the demographics page or the chart labels. You can also choose to print both.

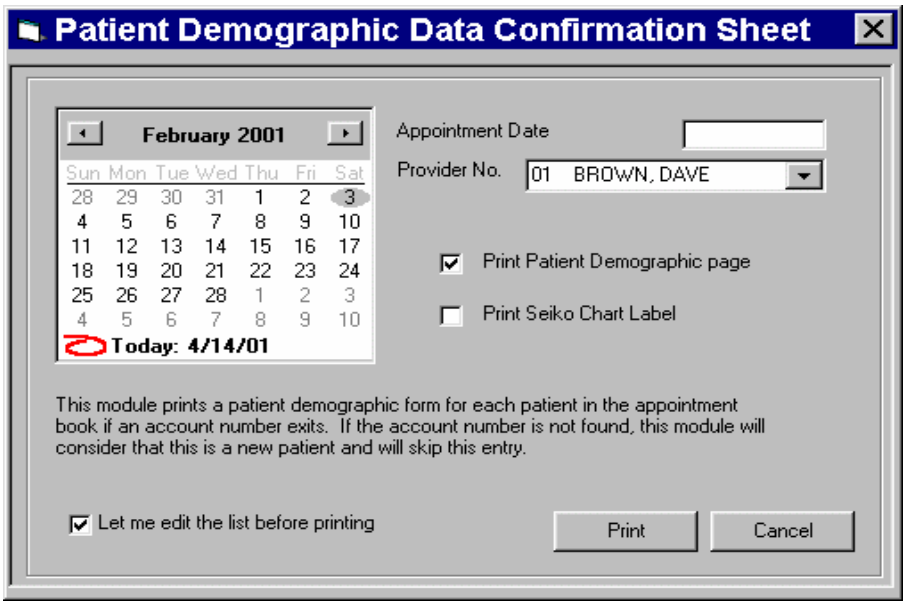

Patient Demographic Data Confirmation Sheet
February 2001
Sun Mon Tue Wed Thu Fri Sat
28 29 30 31 1 2 3
4 5 6 7 8 9 10
11 12 13 14 15 16 17
18 19 20 21 22 23 24
25 26 27 28 1 2 3
4 5 6 7 8 9 10
Today: 4/14/01
Appointment Date
Provider No.
01 BROWN, DAVE
Print Patient Demographic page
Print Seiko Chart Label
This module prints a patient demographic form for each patient in the appointment book if an account number exits. If the account number is not found, this module will consider that this is a new patient and will skip this entry.
Let me edit the list before printing
Print
Cancel

Figure10-15. Patient Demographic Data Confirmation Window

3. If you have selected to **Let me edit the list before printing** option, a window will appear with instructions on how to select or deselect an account.

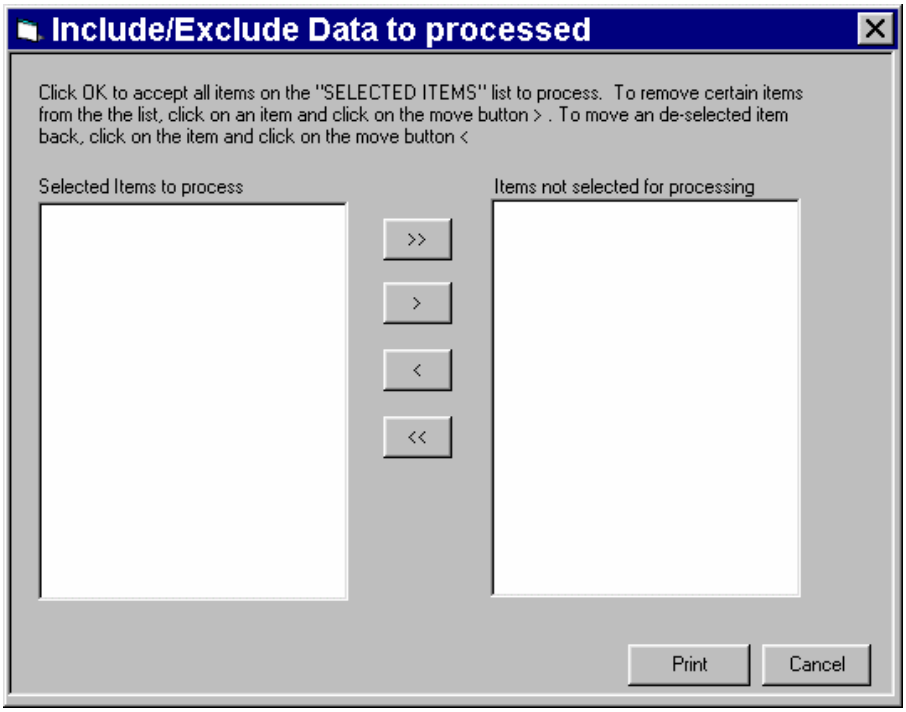


Figure 10-16. Include/Exclude Data to Process Window

4. After making your selections, click on Print.

10.2. Monthly Reports

10.2.1 New Patient Report

This report shows is helpful in accessing new patients seen by the physician and the practice specified, during the time interval specified.

To produce a new patient report:

1. From the Claimstronic PMS menu bar, click on **Reports** and select **New Patient Report.**

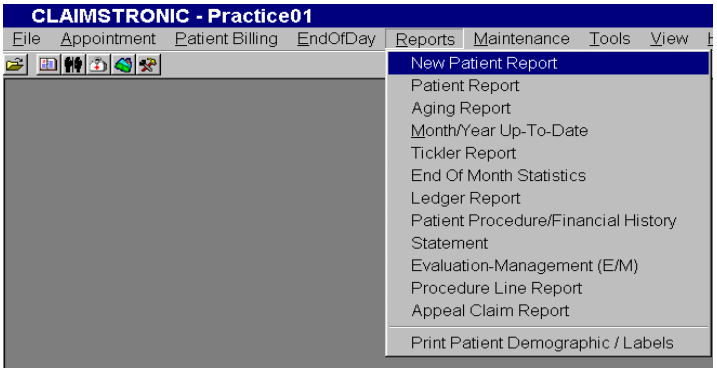


Figure 10-17. Report Menu – New Patient Report Option

2. From the New Patient Report generation window, specify the desired parameters, and click on **View/Print** to obtain the report.

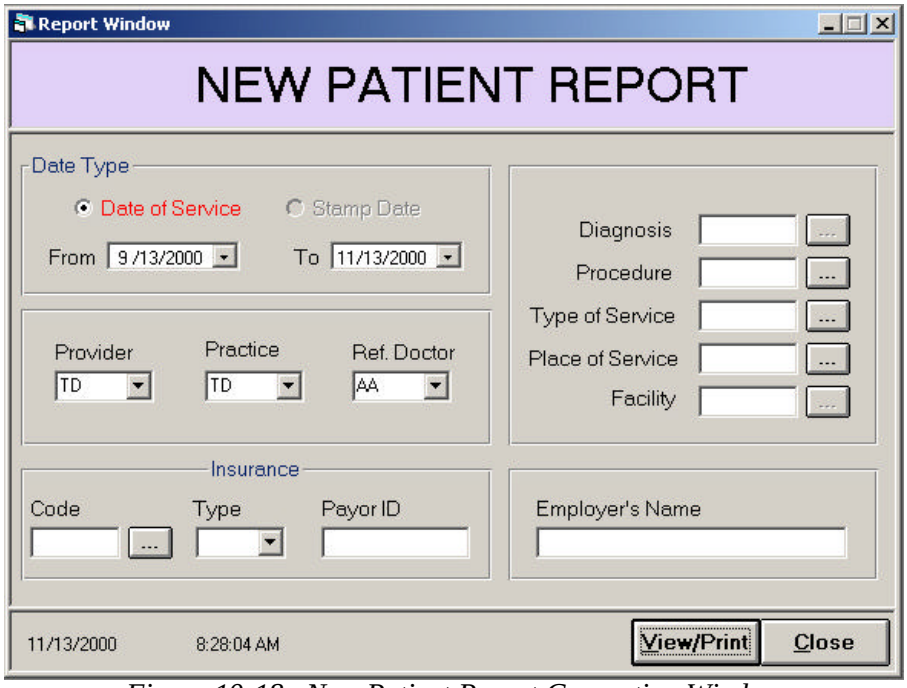


Figure 10-18. New Patient Report Generation Window

3. Select the **Date Type** by choosing **Date of Service** (actual transaction date) or **Stamp Date** (date the transaction was posted). This determines the date range you are producing the report for.

4. If you are creating a report for a specific doctor, enter the doctor's code in the **Provider** field. You may also select the code from the pull-down list. Then enter the doctor's practice code (i.e., organization or group to which the doctor belongs to) in the **Practice** field or simply select from the pull-down list.

   If you are creating a report for a specific group, simply leave the **Provider** field blank and enter the code of the desired group in the **Practice** field.

5. If you are creating a report to determine the resource of referrals, by using the pull-down box choose a referring physician from the **Ref. Doctor** field.

6. From the **Insurance** option you are able to narrow your **New Patient Report** down by choosing an insurance company through the **Code** field, the **Type** of insurance and even as detailed as the **Payor ID**.

7. To create a report to track companies responsible for new patients or for worker's compensation claims, type in the name of the company in the **Employer's Name** field.

8. Additional customization of this report includes options such as, **Procedure** , **Type of Service** and **Place of Service**.

9. Click on Preview/Print to view the generated report before printing.

10. After printing the report, click on **Close** to exit the **New Patient Report** window.

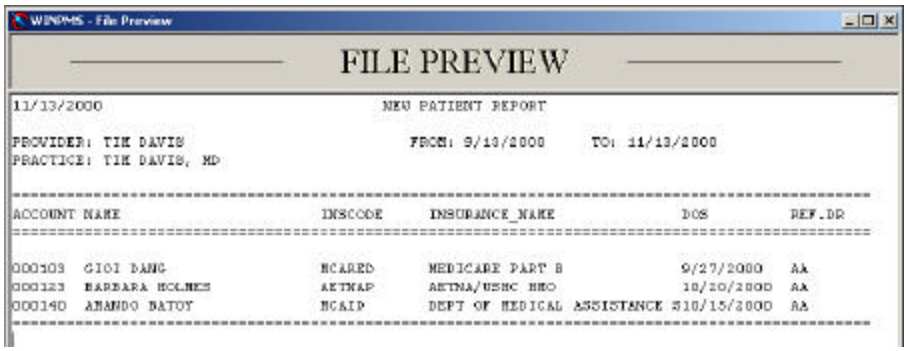

WINPMS - File Preview
FILE PREVIEW
11/13/2000 NEW PATIENT REPORT
PROVIDER: TIM DAVIS FROM: 9/13/2000 TO: 11/13/2000
PRACTICE: TIM DAVIS, MD
ACCOUNT NAME INSCODE INSURANCE_NAME DOS REF.DR
000103 GIGI DANG MCARED MEDICARE PART B 9/27/2000 AA
000123 BARBARA HOLMES AETNAP AETNA/USHC HMO 10/20/2000 AA
000140 AMANDO BATOY MCAID DEPT OF MEDICAL ASSISTANCE 10/15/2000 AA

Figure 10-19 . Sample Generated New Patient Report

10.2.2 Aging Report

The Aging Report contains information about the claims that have lapsed the warning period (overdue) and have not been paid yet.

1. From the Claimstronic PMS menu bar, click on **Reports** and select **Aging Report.**

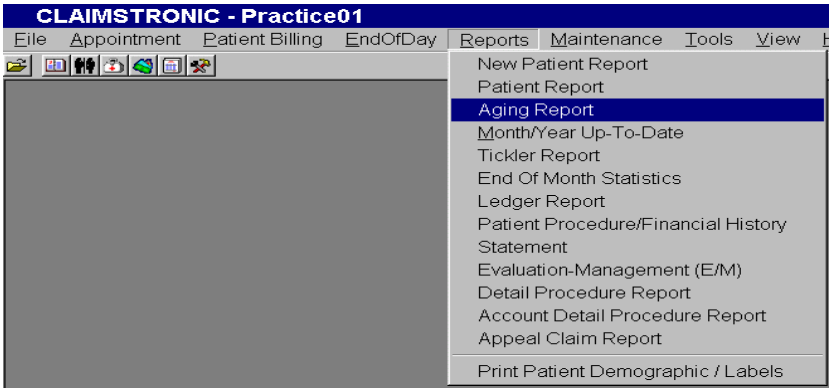


Figure 10-20. Report Menu – Aging Report Option

2. If you are creating a report for a specific doctor, enter the doctor's code in the **Provider** field. You may also select the code from the pull-down list. Then enter the doctor's practice code (i.e., organization or group to which the doctor belongs to) in the **Practice** field or simply select from the pull-down list.

   If you are creating a report for a specific group, simply leave the **Provider** field blank and enter the code of the desired group in the **Practice** field.

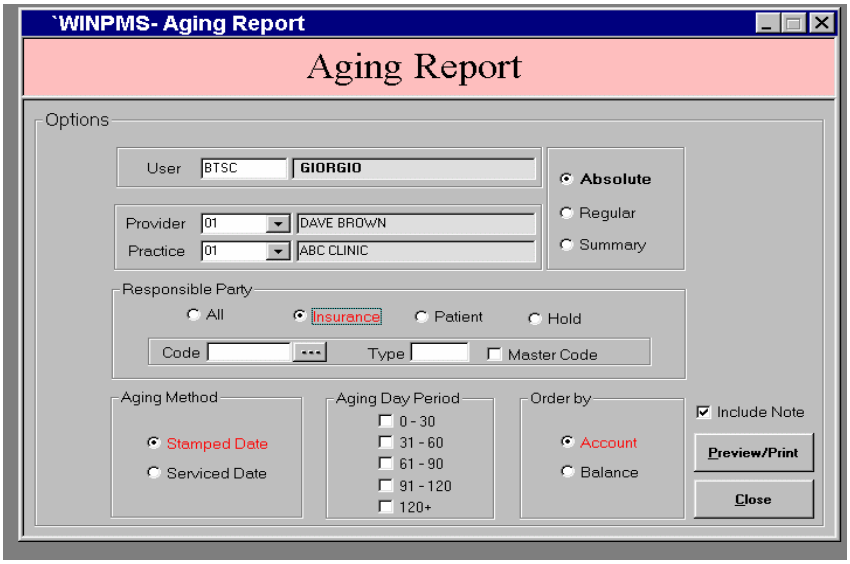


Figure 10-21. Aging Report Window

3. Indicate which data you want Claimstronic PMS to retrieve the information from by choosing one the these options:

   - Absolute: This aging process is based on when a claim was created.
   - Regular: This aging process is based on when an insurance company was created for an account.
   - Summary: This aging option is based on when the patient's account was created.

4. In the **Responsible Party** box, specify what type of financial information you want the report to generate. Specify the party by clicking on the desired option.

   - All- This option will show all outstanding balances within the system.
   - Insurance- This option will show all balances due by insurance companies.
   - Patient- This option will show all outstanding patient balances.
   - Hold- This option will show all claims that have not been released to insurance companies or to the patient.

5. You can narrow the **Insurance** search down even further by selecting a **Code** , **Type** or **Master Code** .

6. In the **Aging Method** box, select the date type that you want to include in your report by clicking on the desired option. The options are **Stamped Date** (date the transactions were posted) or the **Serviced Date** (the date the transactions occurred).

7. In the **Aging Period** box, select the date period to be checked and included in the report by clicking on the desired option.

8. Specify the sorting order in the **Order by** box. The options are:

   - Account- The report will print by patient account number.
   - Name- The report will print alphabetically by patient name.
   - Balance- The report will print in descending order with the largest balanced owed.

9. Click on **Preview/Print** to view the generated report before printing.

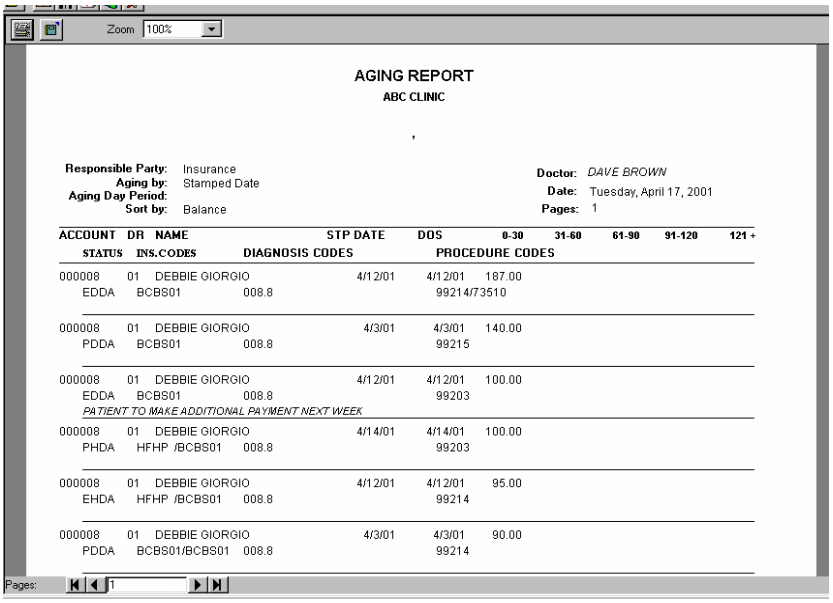

Zoom 100%
AGING REPORT
ABC CLINIC
Responsible Party: Insurance
Aging by: Stamped Date
Aging Day Period:
Sort by: Balance
Doctor: DAVE BROWN
Date: Tuesday, April 17, 2001
Pages: 1
ACCOUNT DR NAME STP DATE DOS 0-30 31-60 61-90 91-120 121 +
STATUS INS.CODES DIAGNOSIS CODES PROCEDURE CODES
000008 01 DEBBIE GIORGIO 4/12/01 4/12/01 187.00
EDDA BCBS01 008.8 99214/73510
000008 01 DEBBIE GIORGIO 4/3/01 4/3/01 140.00
PDDA BCBS01 008.8 99215
000008 01 DEBBIE GIORGIO 4/12/01 4/12/01 100.00
EDDA BCBS01 008.8 99203
PATIENT TO MAKE ADDITIONAL PAYMENT NEXT WEEK
000008 01 DEBBIE GIORGIO 4/14/01 4/14/01 100.00
PHDA HFHP /BCBS01 008.8 99203
000008 01 DEBBIE GIORGIO 4/12/01 4/12/01 95.00
EHDA HFHP /BCBS01 008.8 99214
000008 01 DEBBIE GIORGIO 4/3/01 4/3/01 90.00
PDDA BCBS01/BCBS01 008.8 99214
Pages: 1

Figure 10-22. Sample of Generated Aging Report

10. After checking the report, click on the **Print** icon ( ) to proceed with the printing. If you want to save the report as a file, click on the **Export** icon ( ) and specify the filename in the Export dialog box.

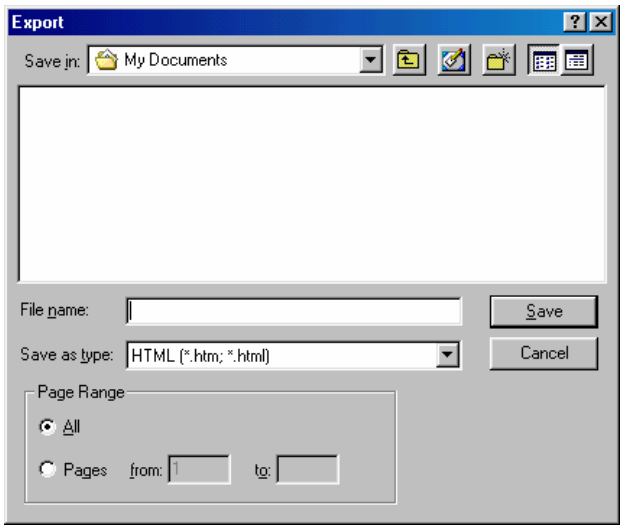


Figure 10-23. Export Dialog Box

11. When printing is done, click on the **Close** button ( ) to close the preview window.

12. Click on **Close** to exit the **Aging Report** window.

10.2.3 Month/Year Up To Date Report

The **Month/Year Up To Date Report** provides a running total of all charges, payment and adjustments. This report is useful for tracking monthly and yearly totals to check for productivity trends.

1. From the Claimstronic PMS menu bar, click on **Reports** and select **Month/year Up To Date Report**.

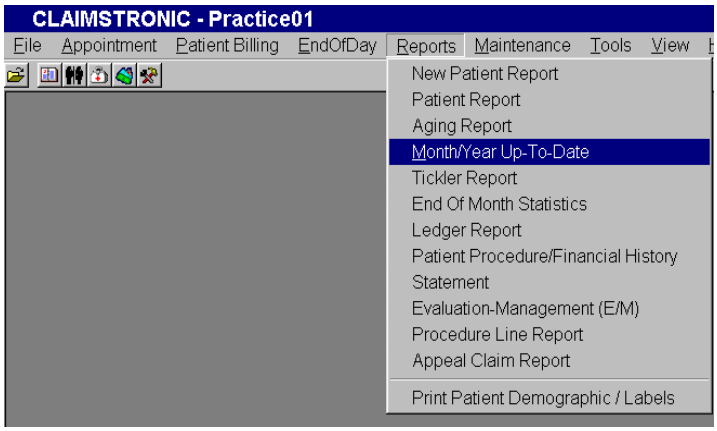


Figure 10-24. Report Menu- Month/Year Up To Date Option

2. If you are creating a report for a specific doctor, enter the doctor's code in the **Provider** field. You may also select the code from the pull down list.

   If you are creating the report for the group, simply leave the **Provider** field blank.

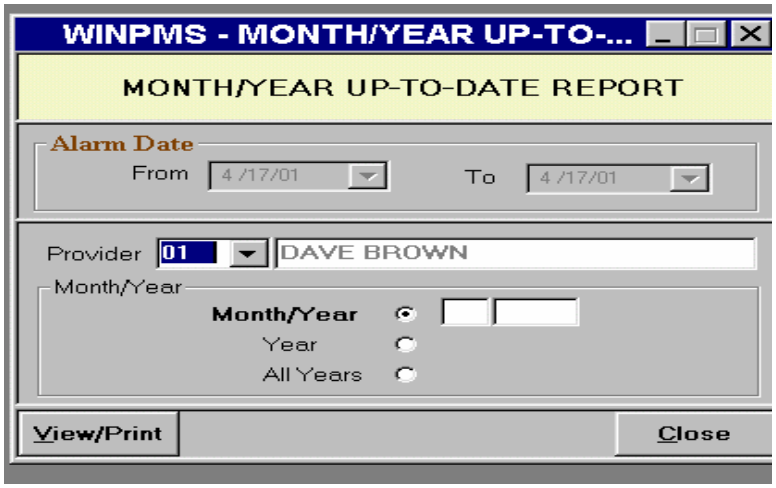


Figure 10- Month/Year Up-to-Date Window

3. In the Month/Year box select the information you want to review.

   - Month/Year: This option provides a daily listing of charges, payments and adjustments for the indicated month.
   - Year: This option provides a monthly listing of charges, payments and adjustments for the indicated year.
   - All Years: This option provides a yearly listing of charges, payments and adjustments.

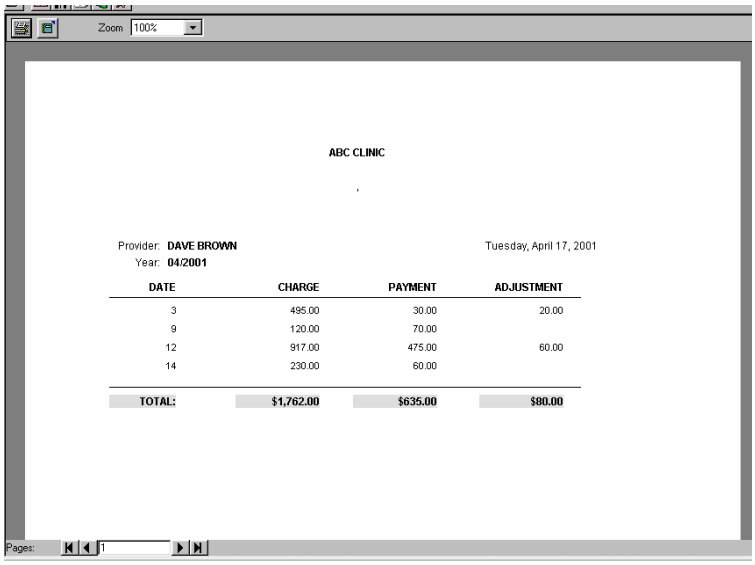


Figure 10- Sample Month/Year Up To Date Report- Month/Year Option

4. Click on **View/Print** to view the generated report before printing.

5. After checking the report, click on the **Print** icon ( ) to proceed with printing.

6. When printing is done, click on the **Close** button ( ) to close the preview window.

7. Click on **Close** to exit the **Month/Year Up To Date Report**.

10.2.4 End of Month Statistics

The End of Month Statistics generates a report based on the number of times a service was performed and the dollar value associated for a specified time period

1. From the Claimstronic PMS menu bar, click on **Reports** and select **End of Month Statistics.**

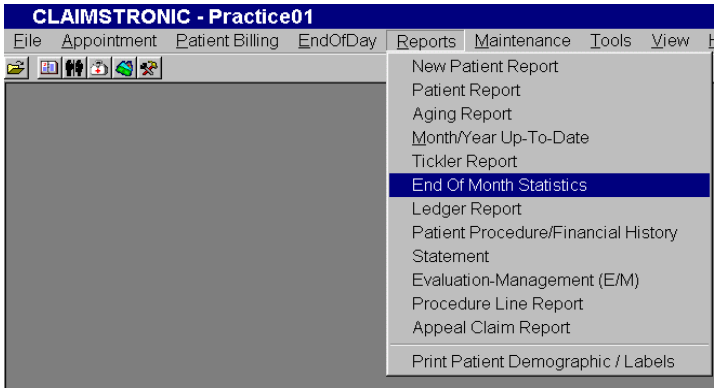


Figure 10-26. Reports Menu – End of the Month Statistics Option

2. If you are creating a report for a specific doctor, enter the doctor's code in the **Provider Code List** field. You may also select the code from the pull-down list. Then enter the doctor's practice code (i.e., organization or group to which the doctor belongs to) in the **Practice Code List** field or simply select from the pull-down list.

   If you are creating a report for a specific group, simply leave the **Provider** field blank and enter the code of the desired group in the **Practice** field.

3. In the **Date Type** box, select the date type that you want to include in your report. The options are Stamped Date, Serviced Date, and Sent Date.

4. Enter the period that you want to check in the **From** and **To** fields by either typing in the date or clicking a date from the displayed calendar.

5. In the **Group On** box, select the information that you want to check and include in your report by clicking on the desired option.

   - Facility- This reports provides total charges, payments, adjustments and balances for each facility a service was performed.
   - Service Type- This report provides information on the number,

description and total count of each type of service that was performed.

- Service Place- This report provides information on the number, description and total count of each place of service that was performed.
- CPT4 Code- This report provides the procedure code and description, total number of times performed and total charge amount. By choosing the **View Detail** option, the report will generate the same information but will include the account claim information.
- ICD9 Code- This report will provide the diagnosis code, description and the total number of times used.
- Insurance- This report will provide the total charges, payment and adjustments associated with all the insurance companies the have had activity within the specified time period.
- Referral Dr.- This report will provide the name of the referring physician and total number of referred patient.

6. Click on **Preview/Print** to view the generated report before printing.

7. After checking the report, click on the **Print** icon ( ) to proceed with the printing. If you want to save the report as a file, click on the **Export** icon ( ) and specify the filename in the Export dialog box (see **Figure 10-22**).

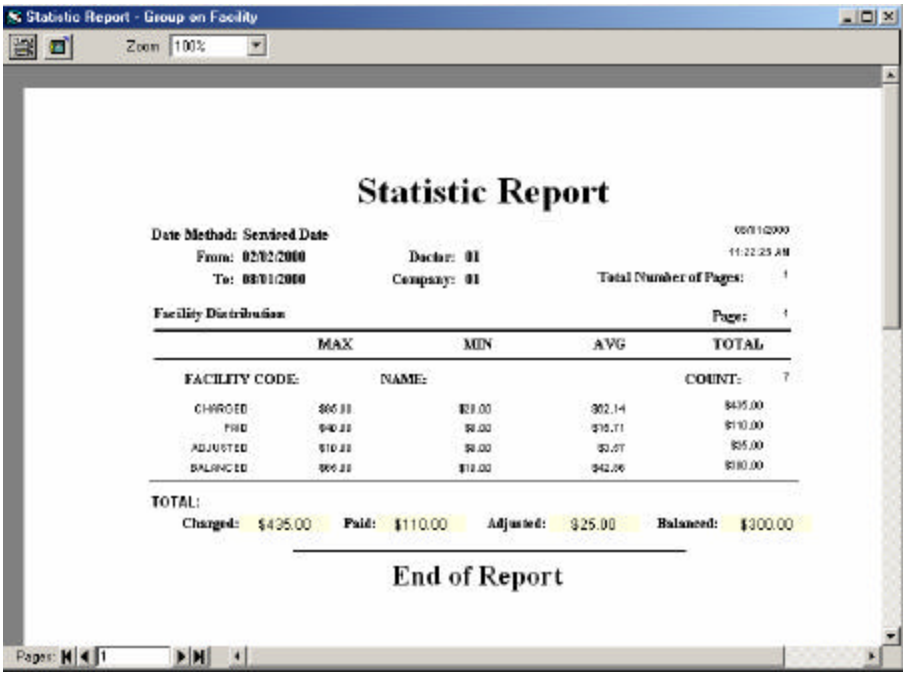


Figure 10-27. Sample of Generated End of Month Statistics Report

8. When printing is done, click on the **Close** button ( ) to close the preview window.

9. Click on **Close** to exit the **End of Month Statistics Rep**ort window

10.2.5 Evaluation Management Report

This report is extremely helpful in tracking the practice pattern of your evaluation and management codes. With this tool you can determine if your physician or practice is over coding or under coding.

1. From the Claimstronic PMS menu bar, click on **Reports** and select **Evaluation Management Report.**

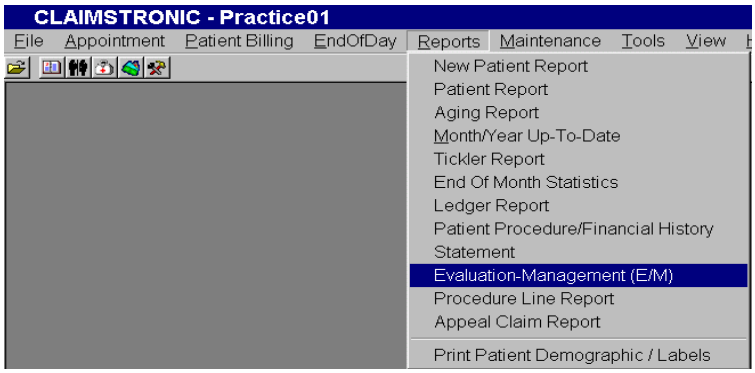


Figure 10-28. Reports Menu – Evaluation Management Report Option

2. Specify the desired parameters from the report generation window, including whether you want to see a graphical or textual representation of the data. To see a chart, click on **Chart** in the **View** box, then select **View/Print**. The **Chart** is currently a view only option.

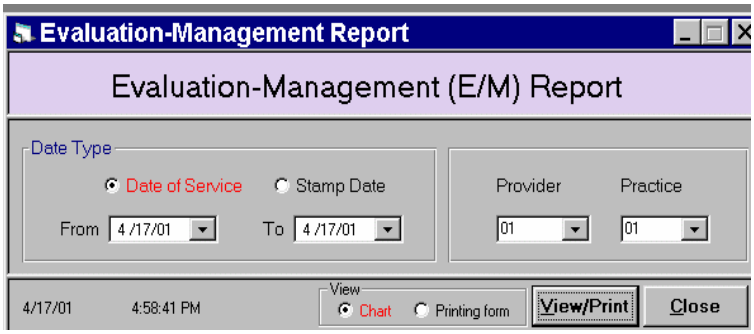


Figure 10- Evaluation-Management Report Window

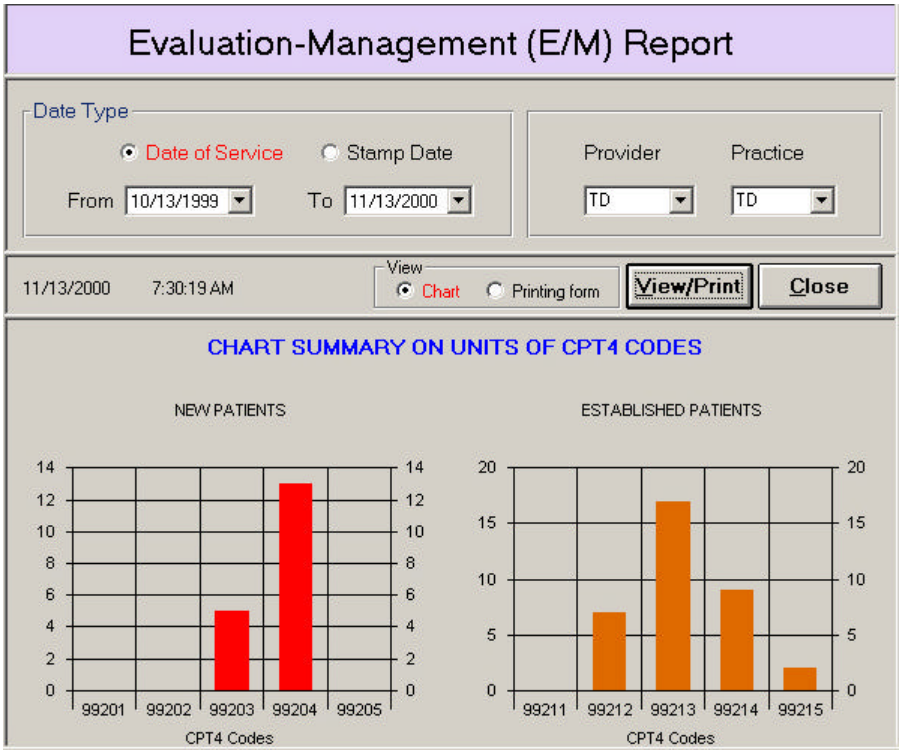


Figure 10-29. Generated Evaluation Management Report – Chart View

3. To see a textual report, click **printing form** in the **View** box, then select **view/print**.

FILE PREVIEW

```
                    EVALUATION-MANAGEMENT (E/M) REPORT

                              DOCTOR: TIM DAVIS
                            COMPANY: TIM DAVIS, MD

DATE TYPE:  Date of Service     FROM: 10/13/1999 TO: 11/13/2000

NEW PATIENTS
================================================================================
|   E/M CODE       |    COUNT     |    % COUNT     |         LINE CHARGE        |
--------------------------------------------------------------------------------
|   99201          |        0     |      0.00%     |                0.00        |
|   99202          |        0     |      0.00%     |                0.00        |
|   99203          |        5     |     27.78%     |              520.00        |
|   99204          |       13     |     72.22%     |            1,612.00        |
|   99205          |        0     |      0.00%     |                0.00        |
--------------------------------------------------------------------------------
|   TOTAL:         |       18     |                |            2,132.00        |
================================================================================

ESTABLISHED PATIENTS
================================================================================
|   E/M CODE       |    COUNT     |    % COUNT     |         LINE CHARGE        |
--------------------------------------------------------------------------------
```

Figure 10-30. Generated Evaluation Management Report – Textual View

10.3. Miscellaneous Reports

10.3.1 Patient Report

The Patient Report provides a quick method of obtaining a snapshot of the account insurer and insurance information associated with claim.

1. From the Claimstronic PMS menu bar, click on **Reports** and select **Patient Report.**

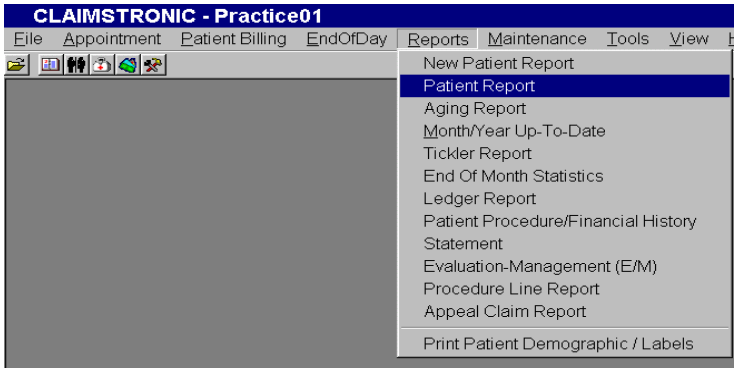


Figure 10-31. Report Menu – Patient Report Option

2. If you are creating a report for a specific doctor, enter the doctor's code in the **Provide r** field. You may also select the code from the pull-down list. Then enter the doctor's practice code (i.e., organization or group to which the doctor belongs to) in the **Practice** field or simply select from the pull-down list.

   If you are creating a report for a specific group, simply leave the **Provider** field blank and enter the code of the desired group in the **Practice** field.

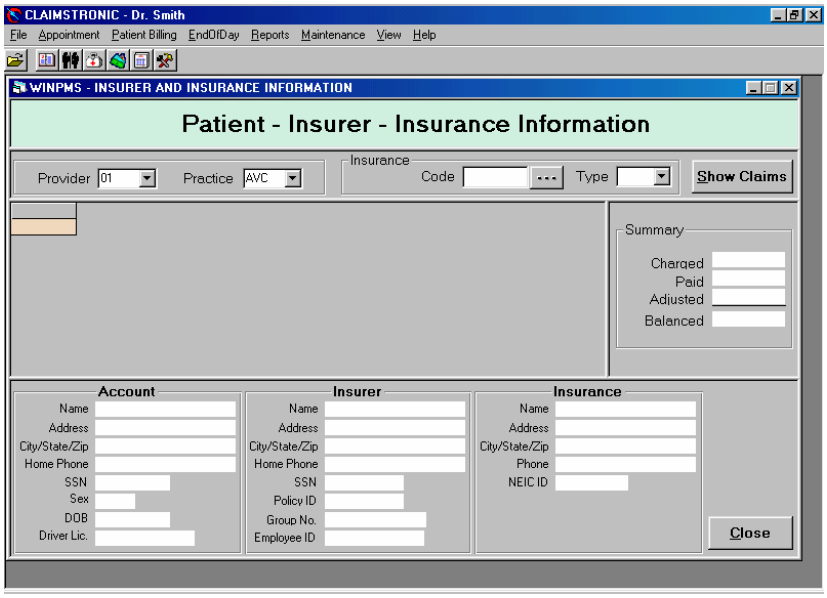


Figure 10-32. Patient-Insurer-Insurance Information Window

3. In the Insurance box, enter the Insurance code that you want to check in the **Code** field by doing any of the following:

   - Type in your entry.
   - Click on the button with ellipsis mark ( ) to go to the Data Source List - Insurance window and select the desired insurance from the list.
   - Highlight the textbox and press **F2** to go to the Data Source List - Insurance window and select the desired insurance from the list.

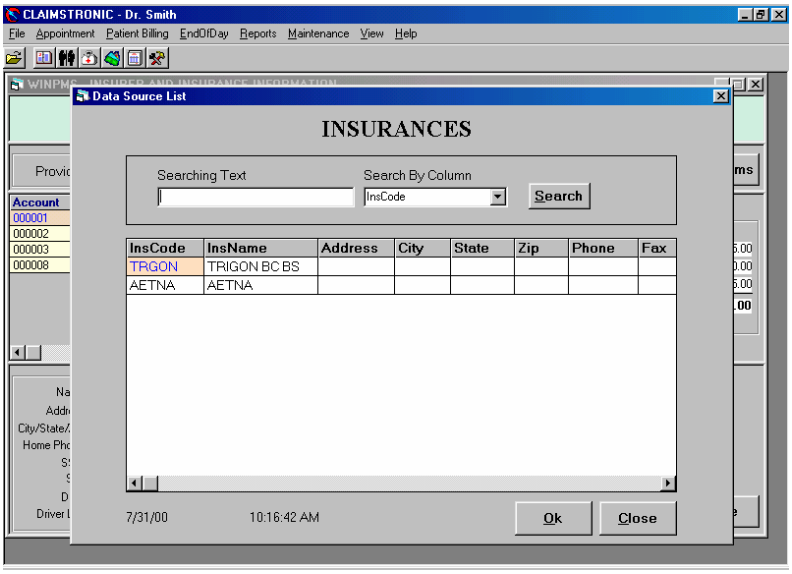


Figure 10-33. Data Source List – Insurance Window

4. If you want to create a report for a specific type of insurance, you may specify it in the **Type** field.

5. After you have entered your data, click on **Show Claims**. The requested information will appear in the center box.

6. To scroll within the generated report, use the scroll bar located just below the center box.

10.3.2 Ledger Reports

A Ledger Report is also called an Account report. You can generate this report to check important information about a specific account. Information to be included in this report depends on the data that you specified in the Ledger Report window.

To generate a Ledger report:

1. From the Claimstronic PMS menu bar, click on **Reports** and select **Ledger Report.**

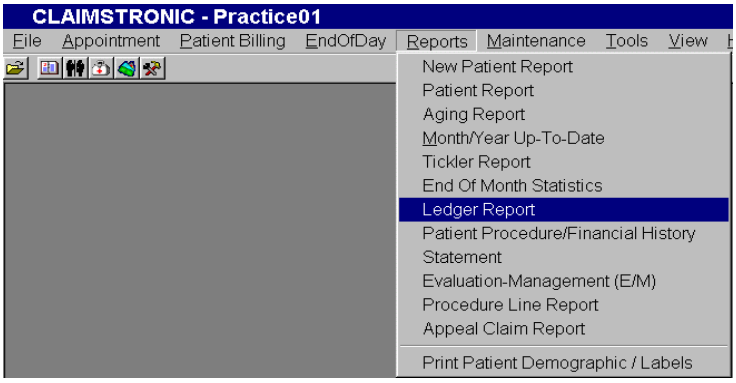


Figure 10-34. Reports Menu – Ledger Report Option

2. From the Ledger Report window, locate the **Account #** field and specify the account number that you want to check. Then click on the account type (whether the specified account belongs to a guarantor or a patient).

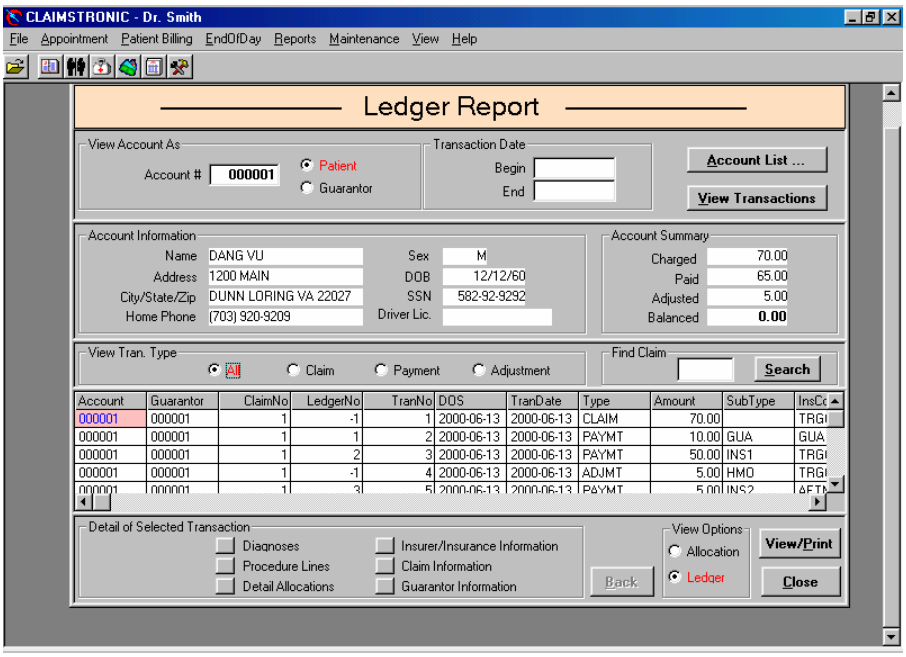


Figure 10-35. Ledger Report Window

Or, you may click on the **Account List** button to open the Data Source List – Patient List window. From this window, enter the account that you want in the **Searching text** field or select the account from the list. After you find the account number, click on **OK** to confirm your selection. Then click on **Close** to exit the window.

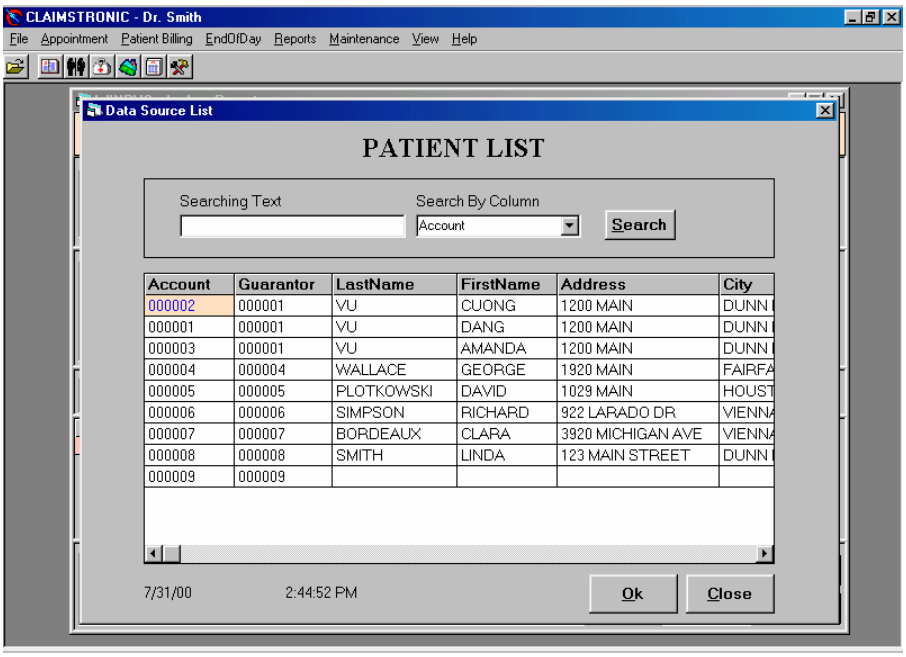

CLAIMSTRONIC - Dr. Smith
File Appointment Patient Billing EndOfDay Reports Maintenance View Help
Data Source List
PATIENT LIST
Searching Text
Search By Column
Account
Search
Account Guarantor LastName FirstName Address City
000002 000001 VU CUONG 1200 MAIN DUNN
000001 000001 VU DANG 1200 MAIN DUNN
000003 000001 VU AMANDA 1200 MAIN DUNN
000004 000004 WALLACE GEORGE 1920 MAIN FAIRFA
000005 000005 PLOTKOWSKI DAVID 1029 MAIN HOUST
000006 000006 SIMPSON RICHARD 922 LARADO DR VIENNA
000007 000007 BORDEAUX CLARA 3920 MICHIGAN AVE VIENNA
000008 000008 SMITH LINDA 123 MAIN STREET DUNN
000009 000009
7/31/00
2:44:52 PM
Ok
Close

Figure 10-36. Data Source List – Patient List Window

3. In the Ledger Report window, locate the **Transaction Date** box and specify the start and end date in the **Begin** and **End** fields, respectively.

4. Click on **View Transactions**. The fields in the **Account Information** box are automatically filled with data and the box that follows the **View Transaction Type** displays all information about the account.

5. By default, the View Transaction Type is set to **All**, which means that the report includes all information about the specified account. If you want to include only specific information about the account, click on the information that you want from the available options in the box.

6. If you want to search for a specific claim, enter the claim information that you want to search in the **Find Claim** field and click on **Search**.

7. From the displayed list of information, select a transaction.

8. The **Detail of Selected Transaction** box provides a quick view of the selected item within the claim.

   - Diagnosis-Shows the diagnosis associated with the selected claim.
   - Procedure Lines-Shows the procedures associated with the selected claim.
   - Detail Allocations- Shows the payments associated with the selected claim.
   - Insurer/Insurance Information-Shows the insured and insurance associated with the selected claim.
   - Claim Information-Shows the date of service, date of posting, insurance information and balance information of the claim.
   - Guarantor Information-Shows the guarantor information associated with the selected claim.

   To return to the options, click on the **Back** button.

9. Under **View Options**, select **Allocation** if you want only the allocation information to appear in your report. Select **Ledger** if you want to include the details for each allocation.

10. Click on **Preview/Print** to view the generated report before printing.

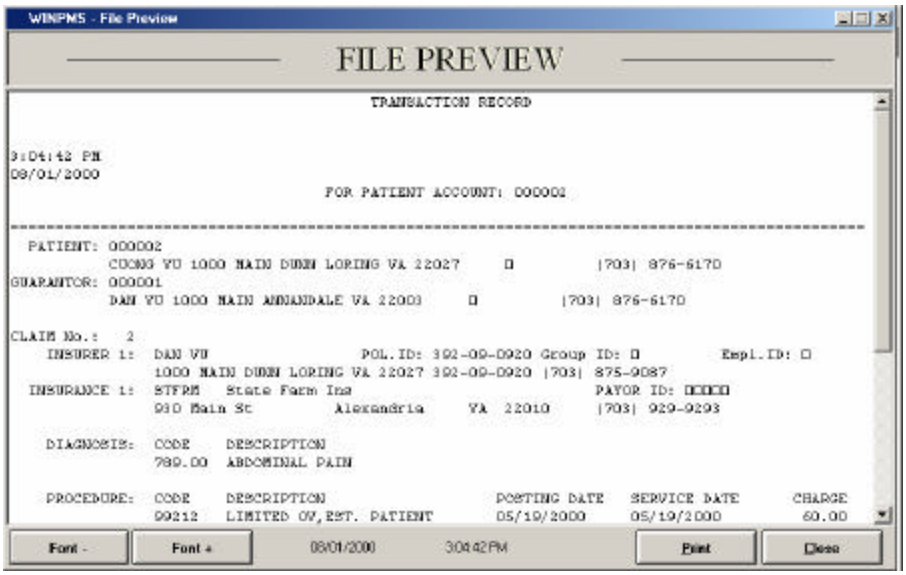

WINPMS - File Preview
FILE PREVIEW
TRANSACTION RECORD
3:04:42 PM
08/01/2000
FOR PATIENT ACCOUNT: OOOOO2
PATIENT: OOOOO2
COOKS VU 1000 MAIN DUNN LORING VA 22027 (703) 876-6170
GUARANTOR: OOOOO1
DAN VU 1000 MAIN ANNANDALE VA 22003 (703) 876-6170
CLAIM No.: 2
INSURER 1: DAN VU POL.ID: 392-09-0920 Group ID: Empl.ID:
1000 MAIN DUNN LORING VA 22027 392-09-0920 (703) 875-9087
INSURANCE 1: STFRM State Farm Ins PAYOR ID:
930 Main St Alexandria VA 22010 (703) 929-9293
DIAGNOSIS: CODE DESCRIPTION
789.00 ABDOMINAL PAIN
PROCEDURE: CODE DESCRIPTION POSTING DATE SERVICE DATE CHARGE
99212 LIMITED OV,EST. PATIENT 05/19/2000 05/19/2000 60.00
Font - Font + 08/01/2000 3:04:42 PM Print Close

Figure 10-37. Sample of Generated Ledger Report

11. After checking the report click on **Print** to proceed with the printing.

12. When printing is done, click on **Close** button to close the preview window.

13. Click on **Close** to exit the Ledger Report window.

10.3.3 Patient Procedure/Financial History Report

The Patient Procedure/Financial History Report provides a line item detail of procedures and payment associated with an account.

1. From the Claimstronic PMS menu bar, click on **Reports** and select **Patient Procedure/Financial History Report.**

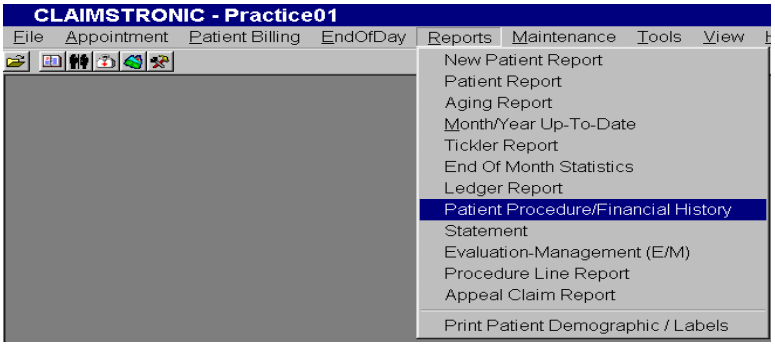


Figure 10-38. Report Menu- Patient Procedure/Financial History

2. From the Patient Procedure/Financial History window type in the patient's account number, date period and type of history report you are generating.

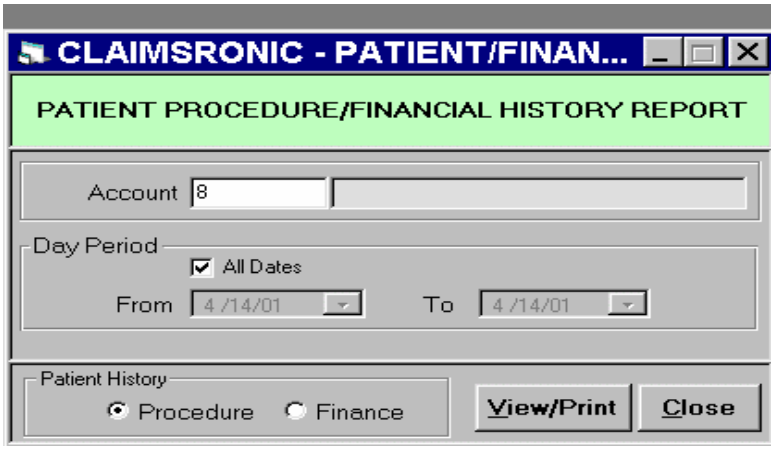


Figure 10-39. Patient Procedure/Financial History Report Window

3. Click on View/Print to view the report before printing.

4. When the printing is done, click on the **Close** button (☒) to close the preview window.

5. Click on the **Close** to exit the **Patient Procedure/Financial History Report** window.

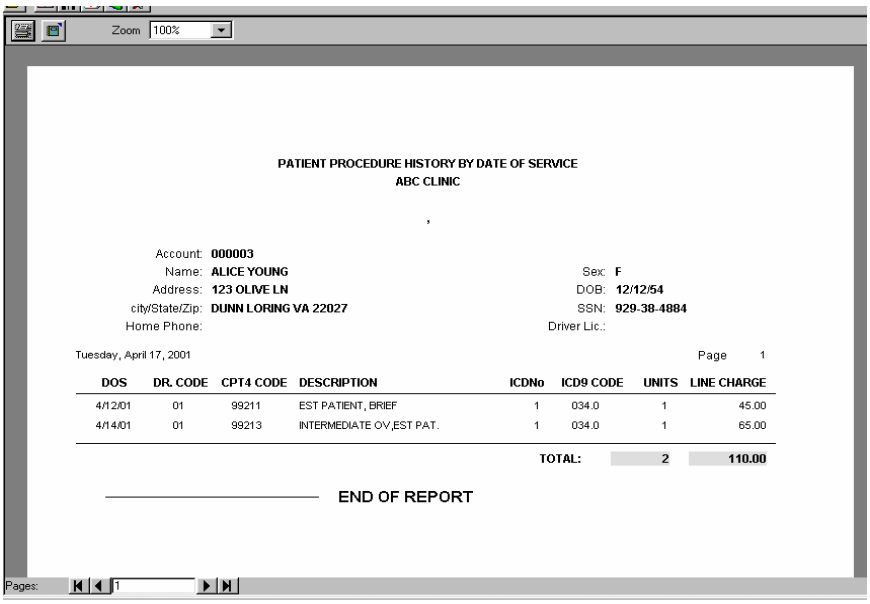

Zoom 100%
PATIENT PROCEDURE HISTORY BY DATE OF SERVICE
ABC CLINIC
Account: 000003
Name: ALICE YOUNG
Address: 123 OLIVE LN
city/State/Zip: DUNN LORING VA 22027
Home Phone:
Sex: F
DOB: 12/12/54
SSN: 929-38-4884
Driver Lic.:
Tuesday, April 17, 2001
Page 1
DOS DR. CODE CPT4 CODE DESCRIPTION ICDNo ICD9 CODE UNITS LINE CHARGE
4/12/01 01 99211 EST PATIENT, BRIEF 1 034.0 1 45.00
4/14/01 01 99213 INTERMEDIATE OV,EST PAT. 1 034.0 1 65.00
TOTAL: 2 110.00
END OF REPORT
Pages: 1

Figure 10-40. Sample Patient Procedure/Financial History Report-Procedure Option

10.3.4 DDDD Claims with a Balance > 0

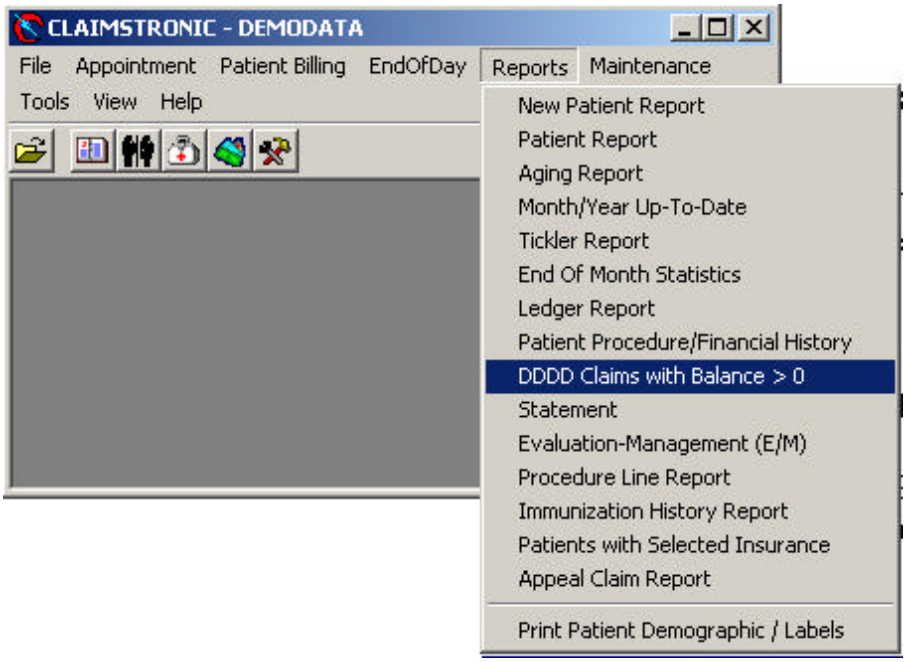


Figure 10-41. Reports Menu – DDDD Claims with Balance > 0

10.3.5 Procedure Line Report

The Detail Procedure report contains a summary of the patient's account information, diagnosis, and procedures performed by the doctor and/or the referral doctor. This report will also show how much the charge is for each procedure done to the patient.

To generate a Detail Procedure Report:

1. From the Claimstronic PMS menu bar, click on **Reports** and select **Procedure Line Report.**

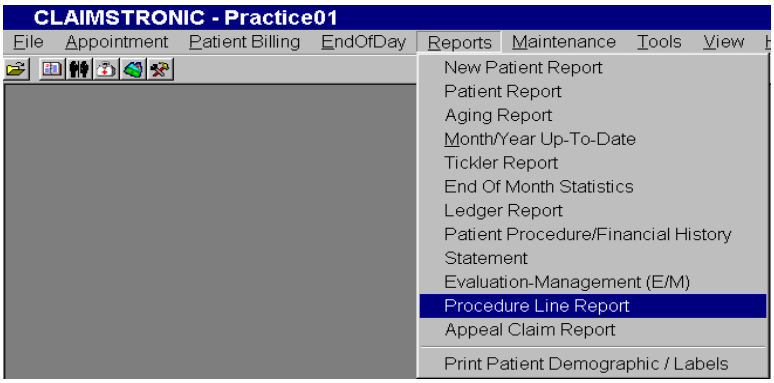


Figure 10-42. Reports Menu – Detail Procedure Report Option

2. From the Procedure Line window, specify the desired parameters and click view/print to obtain the report.

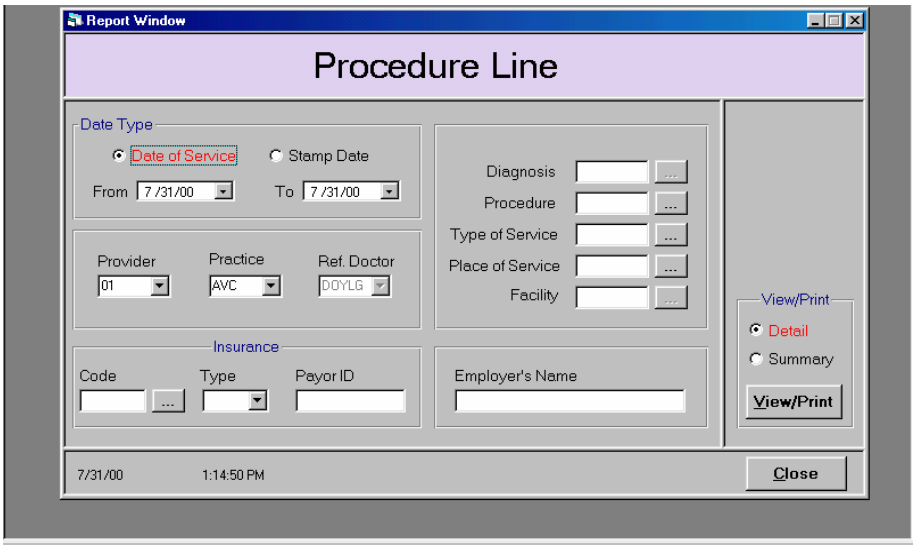


Figure 10-43. Report Window for Procedure Line Window

3. Select the **Date Type** by choosing **Date of Service** (actual transaction date) or **Stamp Date** (date the transaction was posted). This determines the date range you are producing the report for.

4. If you are creating a report for a specific doctor, enter the doctor's code in the **Provider** field. You may also select the code from the pull-down list. Then enter the doctor's practice code (i.e., organization or group to which the doctor belongs to) in the **Practice** field or simply select from the pull-down list.

If you are creating a report for a specific group, simply leave the **Provider** field blank and enter the code of the desired group in the **Practice** field.

5. If you are creating a report to determine the resource of referrals, by using the pull-down box choose a referring physician from the **Ref. Doctor** field.

6. From the **Insurance** option you are able to narrow your **Detail Procedure Report** down by choosing an insurance company through the **Code** field, the **Type** of insurance and even as detailed as the **Payor ID**.

7. The **Employer's Name** field is currently not being used.

8. Additional customization of this report includes options such as, **Procedure** , **Type of Service** and **Place of Service**.

9. Click on Preview/Print to view the generated report before printing.

10. After printing the report, click on **Close** to exit the **Detail Procedure Report** window.

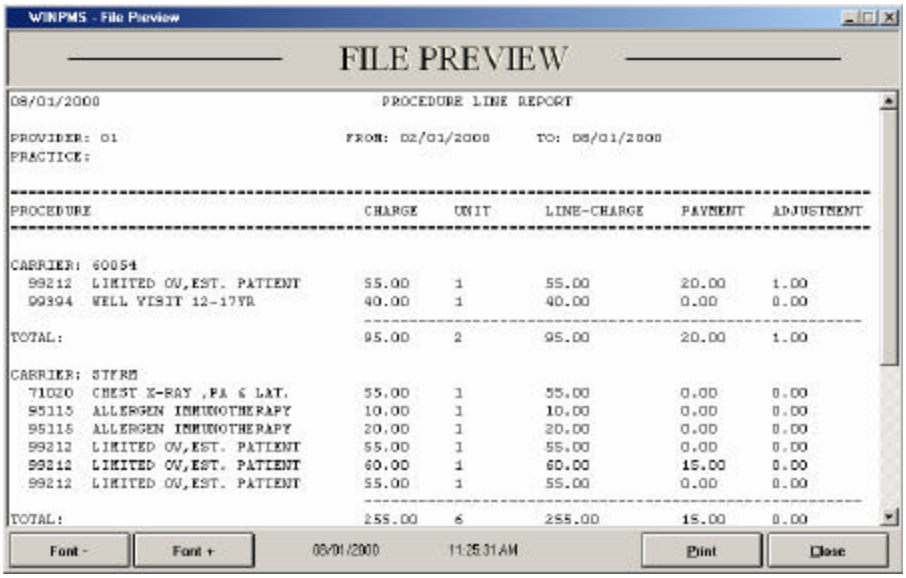

WINPMS - File Preview
FILE PREVIEW
08/01/2000 PROCEDURE LINE REPORT
PROVIDER: 01 FROM: 02/01/2000 TO: 08/01/2000
PRACTICE:
PROCEDURE CHARGE UNIT LINE-CHARGE PAYMENT ADJUSTMENT
CARRIER: 60054
99212 LIMITED OV,EST. PATIENT 55.00 1 55.00 20.00 1.00
99394 WELL VISIT 12-17YR 40.00 1 40.00 0.00 0.00
TOTAL: 95.00 2 95.00 20.00 1.00
CARRIER: STFRM
71020 CHEST X-RAY ,PA & LAT. 55.00 1 55.00 0.00 0.00
95115 ALLERGEN IMMUNOTHERAPY 10.00 1 10.00 0.00 0.00
95115 ALLERGEN IMMUNOTHERAPY 20.00 1 20.00 0.00 0.00
99212 LIMITED OV,EST. PATIENT 55.00 1 55.00 0.00 0.00
99212 LIMITED OV,EST. PATIENT 60.00 1 60.00 15.00 0.00
99212 LIMITED OV,EST. PATIENT 55.00 1 55.00 0.00 0.00
TOTAL: 255.00 6 255.00 15.00 0.00
Font - Font + 08/01/2000 11:25:31 AM Print Close

Figure 10-44. Sample of Generated Procedure Line Report

10.3.6 Immunization History Report

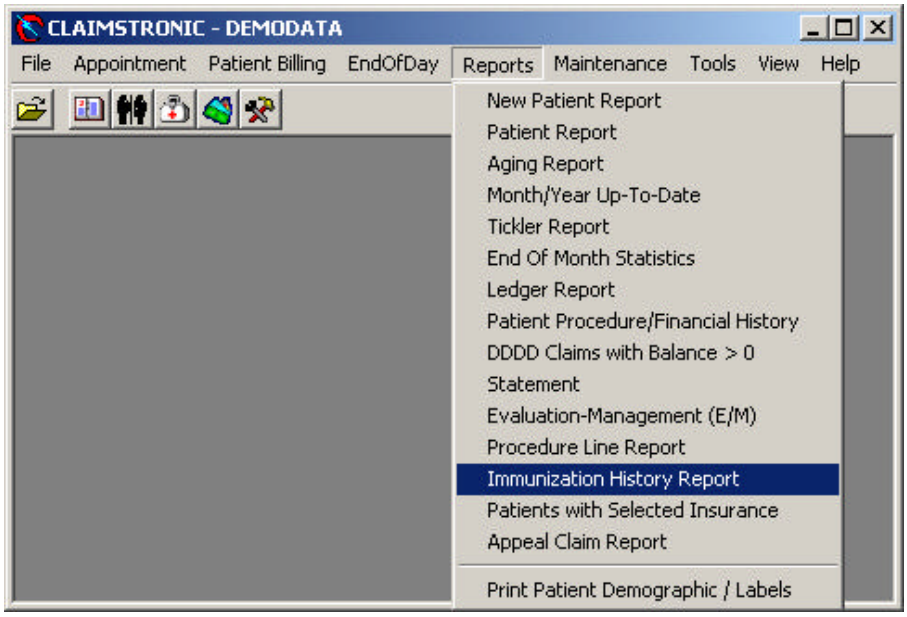


Figure 10-45. Reports Menu – Immunization history Report

10.3.7 Patient with Selected Insurance

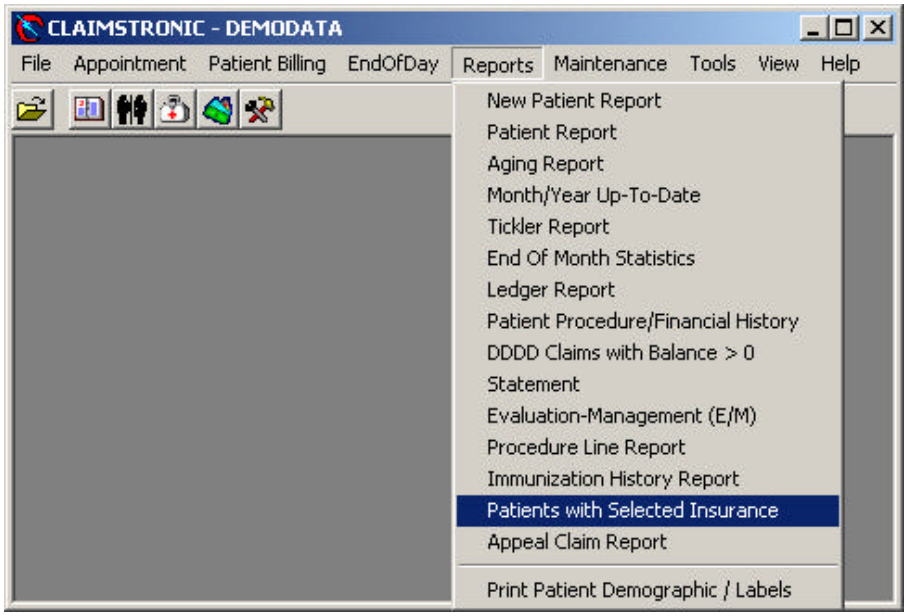


Figure 10-46. Reports Menu – Patients with selected Insurance;